

Complementary Bodywork Systems

Many massage professionals study and integrate more than one approach.

Expertise in any system requires specific in-depth study.

It is not necessary to attempt proficiency in multiple bodywork styles.

You should understand the basis of other methods for identification, informed referral, and use of overlapping skills.

Each bodywork style is a lifetime study for the therapist who wants to develop expertise in theory, assessment, and application. In addition, the results of the various applications are essentially the same.

Basis of bodywork

Shared foundation of physical and energetic manipulation and emotional support

Quality assessment for effective treatment decisions and application

Body, mind, and spirit

Holistic integrity of each individual recognized and respected

Asian, folk, and tribal medicine treat imbalances and dysfunction

Similarities include the therapist's intention and the initiation of changes in physiologic function. The systems differ in language, theory base, and methods of assessment.

The Many Names of Massage Therapy

Generally, healthy people can benefit from the normalizing effects of bodywork.

Other types of massage provide preventive treatment and address minor problems.

Additional training is required for rehabilitative or athletic massage.

Pathophysiology, pharmacology, and medical treatment protocols

Choice and use of methods for various complex circumstances

Therapist should work with medical team

The various lineages of [Tibetan medicine] recognize the important role that psychologic and spiritual well-being play in health and place an emphasis on personal responsibility in maintaining it. In addition to taking personal responsibility for proper nutrition, lifestyle habits, seasonal adjustments, and awareness of predispositions, the individual must invest the time and effort to cultivate objective compassion, or peacefulness, and the wisdom that allows communication between the empiric soul and the absolute (nonmaterial) soul.” From Jonas Wayne B, ed: Appendix V, Mosby’s dictionary of complementary and alternative medicine, St. Louis, 2005, Elsevier.

Lymph, Blood, and Circulation Enhancement

Systemic massage is used specifically to stimulate lymph and blood circulation.

Emil Vodder, Eyal Lederman, and Bruno Chikly have all developed approaches.

When massage focuses on an individual body system effects are concentrated; therefore, they might be felt more by the client than those of general massage (massage hangover).

The Lymphatic System

Specialized component of circulatory system responsible for immune response and waste disposal

One-way drainage network that permeates entire tissue structure

Lymph formed from interstitial fluid

Vessels, ducts, nodes, lacteals, and lymphoid organs (spleen, tonsils, thymus)

Lymph tissue contains lymphocytes

Spleen:

- Filters blood

- Manufactures lymphocytes

- Stores red blood cells

Tonsils:

- Destroy foreign substances at upper entrances of respiratory and digestive systems

Thymus:

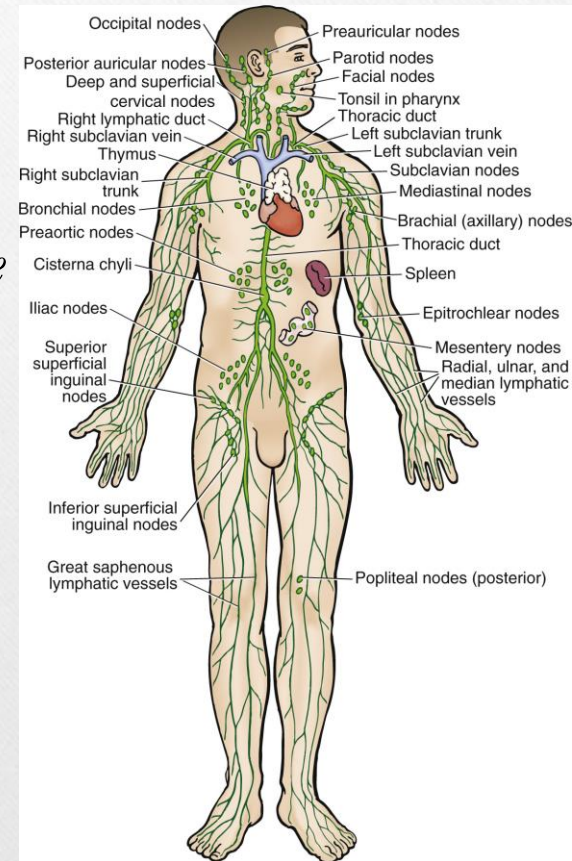
Involved in initial development of immune system

Develops T-cells

Produces thymosin

The thoracic duct collects lymph from the left side of the body and the right side below the chest and empties into the left subclavian vein.

The right lymphatic duct collects lymph from right side of the head, neck, chest, and right side of the arm and empties into the right subclavian vein.



Aggregated lymph nodules include the tonsils, bronchi, small intestine, and the appendix; they create antibodies.

Capillaries are distributed throughout the body (except eyes, brain, spinal cord).

They are segmented and divided by one-way valves.

Lymph is collected and moved toward major channels by lymphangions.

Lymph nodes are enlarged portions of lymph vessels.

Nodes cluster at joints whose pumping action assists lymph movement.

They filter fluid and produce lymphocytes.

Lymphatic pump

The spontaneous contraction of vessels is similar to peristalsis.

It responds to increased pressure from increased fluid.

Inhalation squeezes the thoracic duct, creating a vacuum; exhalation helps pull lymph, filling the vacuum.

Assessment for Edema

Lymphatic nodes are located; edema occurs in the superficial tissues.

Muscle tension can block lymph vessels; normalizing the tension can support drainage.



Edema

Edema can be caused by a variety of factors, such as:

Increase or lack of exercise

Retention of salt or water

Heart or kidney disease; lymphedema

Inflammatory response

Scar tissue or muscle tension

Medications (steroids, hormones) or chemotherapy

Lymphatic Drainage Massage

Indications

Simple edema from surgery (with supervision) or injury

Traveler's edema

Exercise-induced, delayed-onset muscle soreness

Improves circulation and softens scar tissue

Lymphatic drainage massage can be used in the spa setting combined with cellulite massage, facials, sports massage, or deep tissue massage (to reduce postsession swelling and soreness). Lymphatic drainage massage can be used to facilitate a deeply relaxed state for inner mind/body work.

Contraindications and cautions

Chronic edema results in thicker, less flexible edematous tissue

Lowers blood pressure

Contraindicated for fever

Contraindicated for congestive heart or kidney failure and kidney dialysis

Principles of Lymphatic Drainage Massage

Pressure, depth, speed, frequency, direction, rhythm, duration, and drag are adjusted to support the lymphatic system.

Although there is disagreement among adherents of various modalities about appropriate methodology and intensity of pressure, all approaches have some validity.

Application of Lymphatic Drainage Massage

1. Begin the massage session with a pumping action on the thorax.
2. Place both hands on the anterior surface of the thoracic cage.
3. As the client exhales completely, allow your hands to passively follow the movements of the thorax.
4. When the client starts to inhale, resist the movement of the thorax with counterpressure for 5 to 7 seconds.
5. Repeat this procedure four or five times.

Apply a combination of short, light, pumping, and gliding strokes.

Begin at the nodes close to the torso; work toward the torso, moving distally.

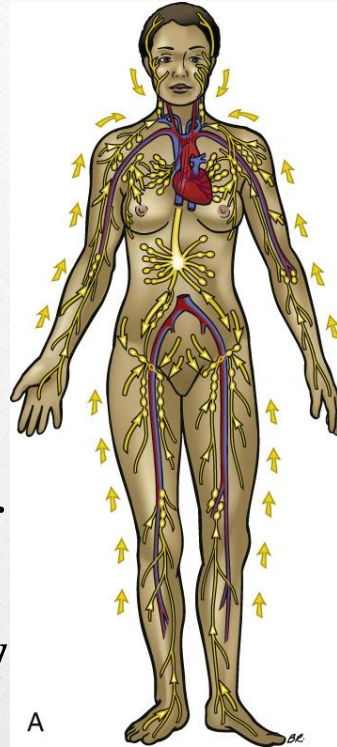
Focus pressure and finishing strokes on the dermis at the superficial fascial layer.

Special training and supervision are important when working with clients with lymphatic pathology.

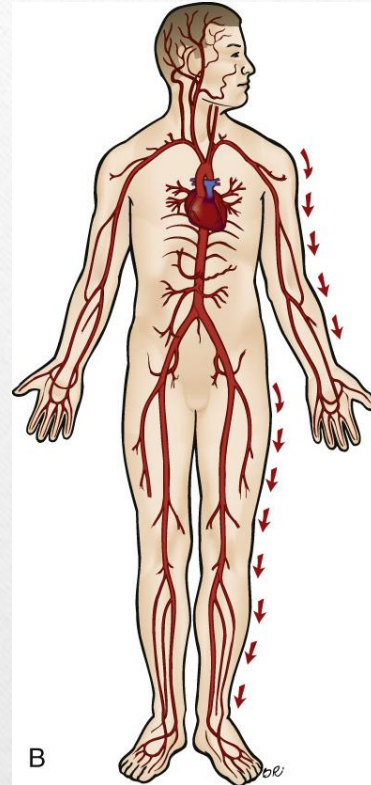
The pressure provided mimics movements that open lymph capillaries. It also supports drainage by creating low-pressure areas proximal to the area to be drained.

Fluid Movement Protocol 1

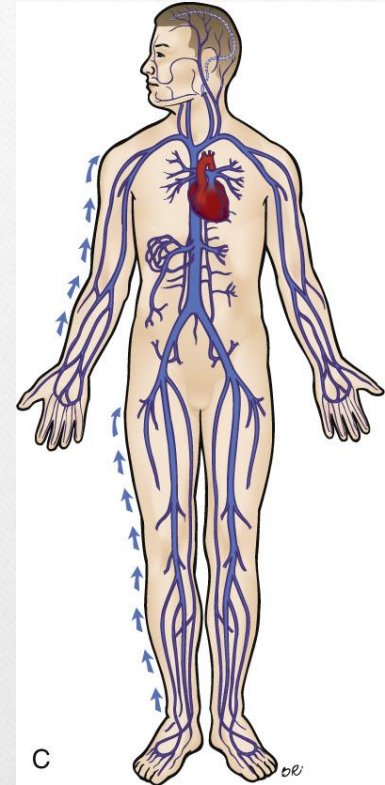
A, *Direction of strokes for facilitating lymphatic flow.*



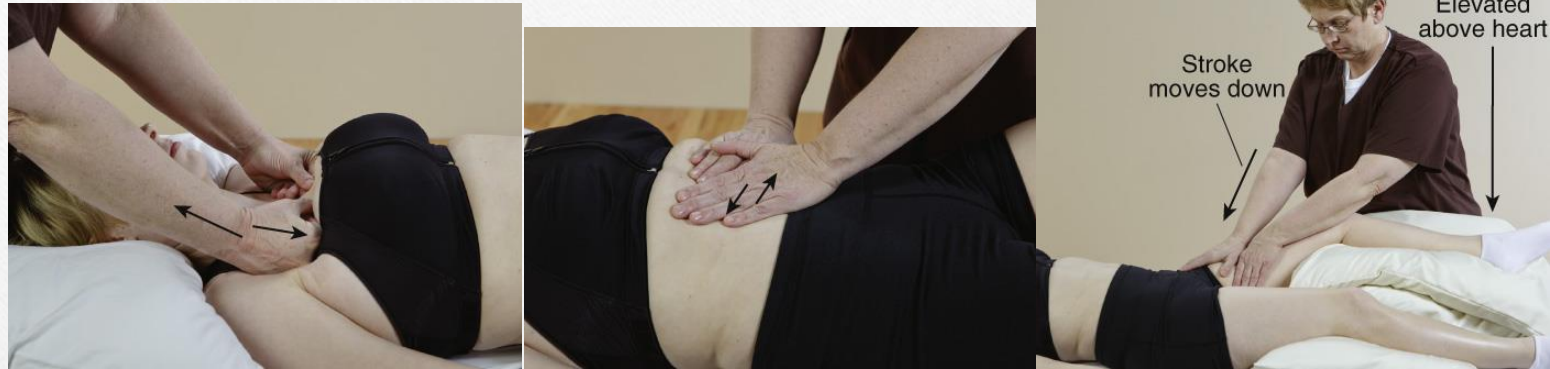
B, *Direction of compression over arteries to increase arterial flow.*



C, *Direction of gliding strokes to facilitate venous flow.*



Fluid Movement Protocol 2 - Lymphatic Drainage and Venous Return

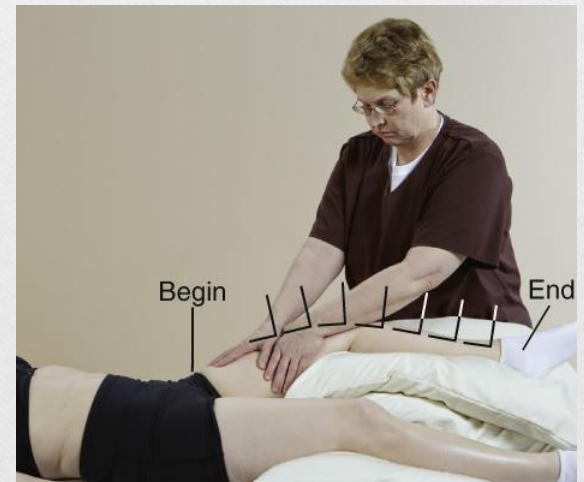


- 1. Pumping the thorax to support lymph drainage.*
- 2. Pumping the abdomen to support lymph drainage.*
- 3. Position the area to be drained above the heart to support both lymph and venous flow. Begin close to the torso.*

4. For specific focus on lymphatics, do not let the hands slip on the skin while moving tissue into and out of bind.

5. Do not let the hands slip on the skin as each area is moved into and out of bind.

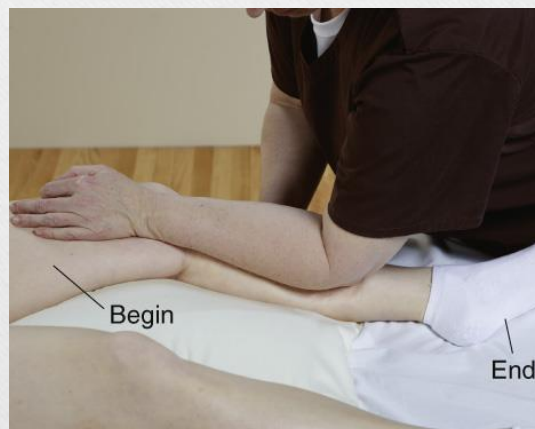
6. Move tissue into and out of bind as you travel slowly down the area.



7. *Knead tissue.*

8. *Compress tissue.*

9. *Compress the plexus in the foot.*



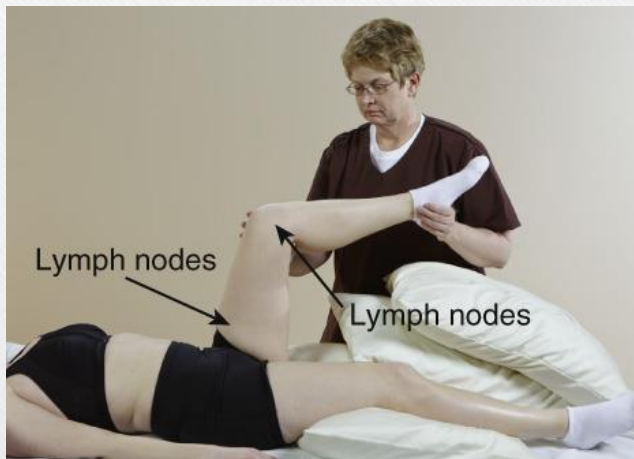


10. When shaking, flip the tissue back and forth rhythmically.

11. Move up the area being drained and flip the entire area rhythmically.

12. Move the area to compress areas of lymph nodes.

13. Move rhythmically back and forth to create a pumping action on the lymph nodes.



15. Repeat gliding.

16. Repeat sequence.



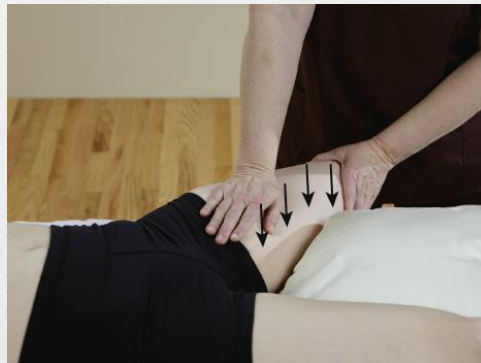
Fluid Movement Protocol 3

- Arterial Circulation

1. To support arterial circulation begin with the area positioned below the heart. Focus compression over the arteries.



2. Move the compression down (away) from heart at about 1 compression per second.



3. Repeat.

4. Move area and reposition for lymphatic drainage and venous return.

Fluid Movement Protocol 4 - Integrated Sequence



1. Begin lymphatic drainage.

2. Switch to venous return.



3. Rhythmically move area to support both lymph and venous flow.

4. Reposition and begin arterial support.

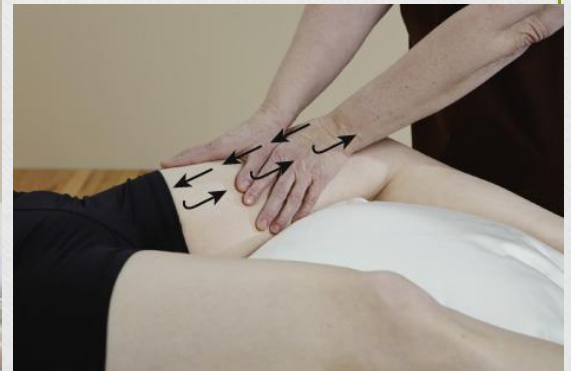
5. Move area again and reposition.



6. *Again target venous flow.*

7. *Shake tissue.*

8. *Resume lymphatic drainage.*



Circulatory Massage

Stimulates efficient blood flow

Impaired circulation diseases contraindicated without supervision

Benefits generally healthy clients

- Normalizes blood pressure and tones cardiovascular system

- Reduces negative effects of occasional stress

- Supports inactive clients or those unable to walk

- Excellent support for athletes or after exercise

Heart pumps blood via arteries and capillaries, where blood gas and nutrient exchange occur.

Blood returns through veins, assisted by muscle contraction.

Massage for arterial circulation mimics the client's resting heart rate.

Compression over arteries, moving distally with a pumping action

Active and passive joint movement

Changes arterial pressure, stimulates contractions, encourages movement of blood distally, and starts to empty veins

Venous return massage is a combination of short and long gliding strokes used in conjunction with movement.

Short strokes distal to proximal over major veins

Passive and active joint movements

Placing the limb or other area above heart brings gravity into assistance

Deep, narrow-based stroking over veins from proximal to distal is contraindicated

What are some similarities and differences between circulatory massage for venous return and lymphatic drainage massage?

Both styles of bodywork utilize a combination of short and long gliding strokes with movement. Lymphatic drainage massage is applied over the entire body; the movements are usually passive; and the therapist clears the proximal areas first, gradually working distally. Massage for venous return is applied over the major veins, incorporates active movement, and is worked from the distal aspects toward the heart.

Connective Tissue Approaches

Basic approach softens tissues through pressure, pulling, movement, and stretching

Rehydrates and renders tissues more pliable

Important for the client to drink water before and after the massage

The elastin chain cannot be pulled too far during connective tissue work, because the companion stiff collagen fibers in the connective tissue limit the stretching of the elastin fibers.

Box 12-6 Tissue Responses to Massage

When a mechanical force (e.g., massage) is applied to the body, three tissue responses can occur:

- The tissue can break. This happens in tissue injuries such as a sprain or when the intent of the massage is to separate tissue adhesions.
- The tissue can plastically deform and remain in its new shape. This happens in lax ligament syndrome, in which the ligaments have been overstretched. The massage practitioner may attempt to permanently change the shape of short tissues, such as a scar.
- The tissue can behave elastically (as does a rubber band or bungee cord), changing shape and then returning to its original shape. This is normal behavior in most fascial types, including bone, which is more elastic than it appears.

A combination of these responses also is possible.

The common location of the neurovascular bundles, myofascial trigger points, and places where the fascial fibers interconnect may explain how dysfunction in these focal points can cause body-wide disturbance. Massage application that normalizes these areas may result in a normalizing body-wide response.

Both direct and indirect connective tissue methods have been shown to reverse the inflammatory effects in cells that have been strained repetitively.

Connective Tissue Dysfunction

Binding, pulling, and restricted movement is caused by shortened or adhered connective tissue.

Overstretched tissue can destabilize a joint and could result in protective muscle spasms that reduce joint space.

Normalization of connective tissue can be problematic as the joint may stabilize out of alignment, leading to a pattern of degeneration.

Dystonia or direct trauma may cause misalignment; protective muscle spasm and tissue reorganization follow.

Treatment sequence for dysfunctions (Gurevich)

Massage, including connective tissue approaches

Joint mobilization

Joint manipulation is out of scope of bodywork

Mechanical techniques slowly elongate tissue for sustained periods.

Use gliding, kneading, skin rolling, and compression.

Connective tissue responds relatively slowly.

Longer term conditions require more initial mechanical techniques.

Connective tissue approaches

Slow and sustained, against or across fibers

Stretching is elongated or telescoped at point of barrier

Introduction of small inflammatory response stimulates tissue repair

Controlled injury

Generation of healing potentials

Current of injury

The following are some basic principles to remember for connective tissue massage:

Connective tissue is elastic.

Use an oblique (less than 45 degrees) angle of contact; that is, no downward compressive force.

Fascial planes are continuous, so work in one area affects the whole body.

Progress from superficial to deeper layers.

Deep Transverse Frictioning

Developed by Dr. James Cyriax as a specific rehabilitation intervention

Very effective for joints with bound tendons and ligaments

Introduces therapeutic inflammation; creates controlled reinjury

Concentrated therapeutic movement over a small area

Friction moves the tissue against its grain

Dr. Cyriax coined the term orthopedic medicine.

The basic principles of Cyriax's system are the following:

Every pain has a source.

Treatment must reach the source.

Treatment must benefit the source in order to relieve the pain.

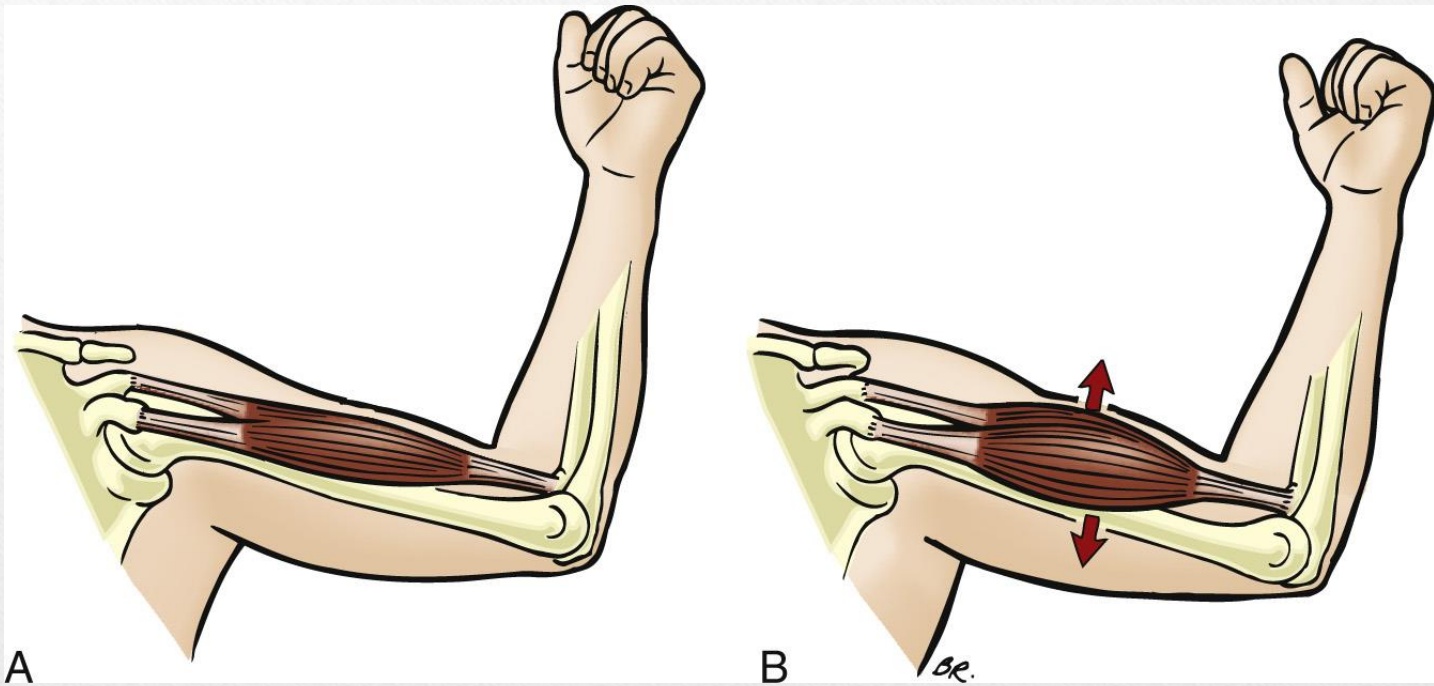
A specific diagnosis leads to a successful treatment.

Inflammation and traumatic hyperemia result in connective tissue restructuring, increased circulation, and temporary analgesia.

After the joint is fixed in a position in which the muscle is relaxed, the client performs broadening contractions.

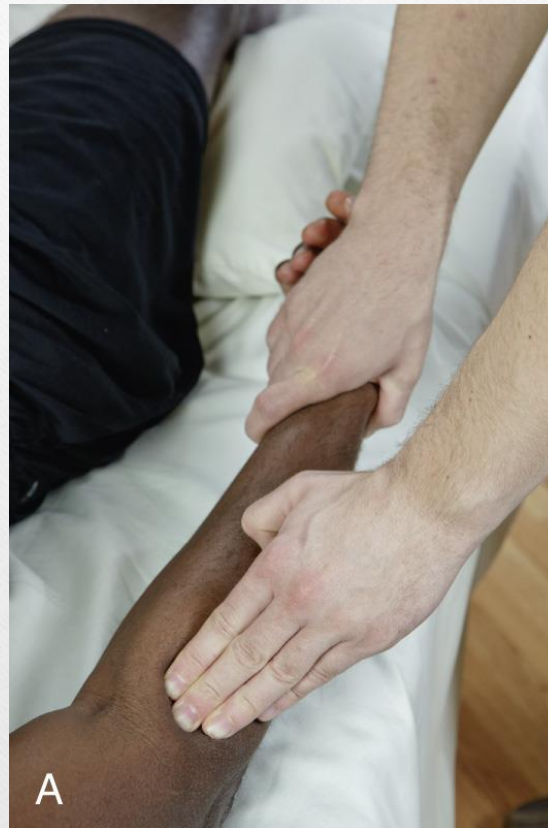
Strong resisted movement should be avoided until the scar has consolidated itself.

Broadening contraction



Methods of Deep Transverse Frictioning

Friction/
compression
with
movement



Principles

The correct spot must be found.

The therapist's fingers and the client's skin move as one.

Friction must be applied across the fibers of the affected structure.

The therapy must be given with enough sweep and reach deep enough.

The client must understand that the technique can be painful.

The client's position must ensure appropriate relaxation of affected tissues.

Muscles must be kept relaxed.

Tendons with a sheath must be kept taut.

Broadening contractions are used between sessions to promote circulation and mobile scar development.

Myofascial Approaches

Deep tissue massage, soft tissue manipulation, and myofascial release include many styles of bodywork:

Bindegewebe massage, developed by Elizabeth Dickie

Rolfing, developed by Dr. Ida Rolf

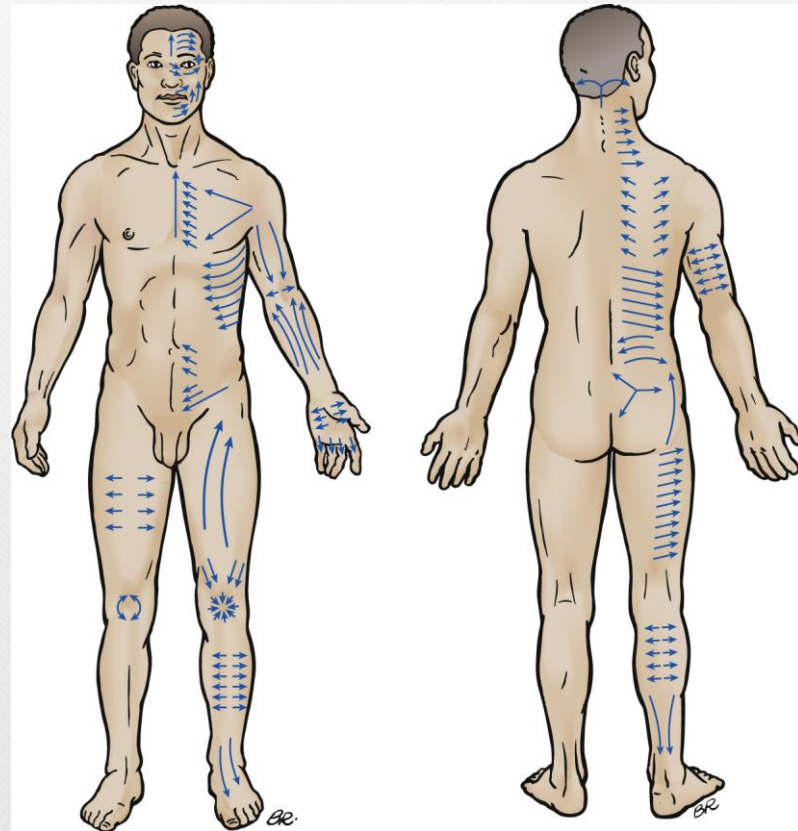
Hellerwork, developed by Joseph Heller, a student of Rolf

Osteopathy and physical therapy theory and practice have contributed to the body of knowledge for myofascial approaches.

Myofascial Approaches

Application of connective tissue massage

- *This method is modified from Bindegewebsmassage.*
- *This system primarily introduced the mechanical forces of tension, bend, shear, and torsion into the soft tissues.*



The Nature of Fascia

Loose, irregular connective tissue with a multidirectional network of collagen and elastin fibers and a lot of ground substance

Surrounds, separates almost every structure and cell; forms interstitial space

Supports and protects structure and viscera influencing respiration, elimination, metabolism, fluid flow, and immunity

Fascia thickens into armor in response to sympathetic NS activation.

Tensegrity refers to structures that maintain integrity primarily due to balance of continuous tensile forces

Many natural structures display these principles.

Tensegrity offers a maximum amount of strength for a given amount of material.

“Fascia is the organ of posture. Nobody ever says this; all the talk is about muscles. Yet this is a very important concept . . . especially the anatomy of fascia. A spider web is in a plane; our body’s web is in a sphere. We can trace the lines of that web to get an understanding of how what we see in a body works.” Dr. Ida P. Rolf

Compression members (bones) float within tension members (muscle or fascia) and push outward; tension members pull inward.

The two forces must be balanced for stability of the structure.

Strain is distributed throughout and increases stability and resilience.

A mechanical communication link exists throughout the body because individual cells are connected to an actively changing tissue matrix.

Movement changes the shape of the matrix, molecules, and cells that respond by normalizing tissue function.

Bodywork that creates an even tone across fascial net could profoundly affect cellular and general health.

Location of the Fascia

Superficial or subcutaneous fascia lies between the skin and muscle.

Deep fascia surrounds muscles and creates diagonal sheaths.

Subserous fascia lies between the deep fascia and the membranes lining body cavities.

The deepest level of fascia interconnects the cranium, spine, and sacrum.

Transverse planes for fascia include the cranial base, cervical thoracic, diaphragm, and lumbar/pelvic floor areas.

Although fascia generally orients vertically, it will redirect as a result of compensation patterns.

The body appears pulled out of symmetry during assessment.

Fascia attempts to stabilize by adhering to surrounding tissue.

Breakdown of fascia is a primary factor in the aging process.

Myofascial Dysfunction

Compromises body's efficiency requiring more energy expenditure; often results in fatigue and pain

Restricts movement and disturbs natural rhythms and entrainment mechanisms

Difficult-to-diagnose factor in many elusive chronic pain and fatigue patterns

Corrective interventions result in therapeutic change process

Myofascial Massage Methods

Soften ground substance through slow, sustained pressure and agitation.

Kneading and skin rolling creates a slow pulling action.

Apply the mechanical forces of tension, compression, bind, shear, and torsion.

Stretching elongates fibers past normal give, creating an unraveling of fibers or small therapeutic inflammatory response.

Review of bind:

The ability to identify the point of tissue restriction and immobility relies on the ability to sense bind in the tissues.

A resistance barrier has the sensation of binding.

Lubricant reduces drag and generally is not used for this method.

Myofascial Massage Methods



A, *Application of bending force to lift scar tissue.*



B, *Application of shear force.*



C, *Application of tension force.*

Tissue Movement and Fascial Restriction Methods

Tissue movement used for more subtle connective tissue approaches

Important not to think about process and just experience it

Fascial connections suggested by reddening of skin not worked

Restriction methods used if routine massage is not effective

Restriction involves an area larger than a small, localized spot

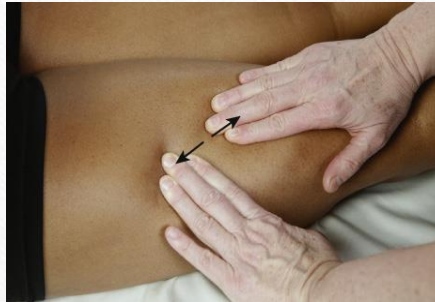
Palpated as a barrier or area of immobility

Connective tissue pattern development very individualized;
systems following a precise protocol and sequence often less
effective than myofascial methods

Connective Tissue Procedure



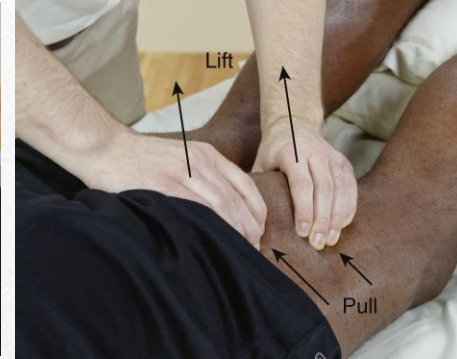
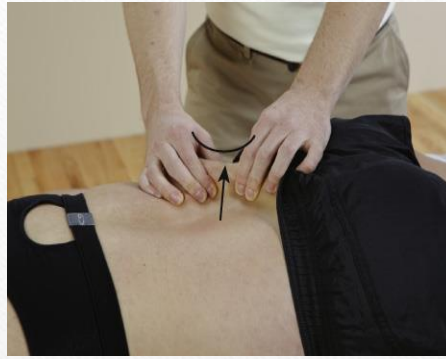
- 1. Place crossed hands over tissue and meld hands to the skin.*
- 2. Separate hands moving tissue to and just into bind. Do not slip.*
- 3. Forearms can be used. Place on the tissue and meld to it.*



4. *Separate arms moving tissue to and just into bind.*

5. *Small areas of tissue can be stretch by placing the short tissue between the fingers of both hands and then without slipping separate tissues into the bind.*

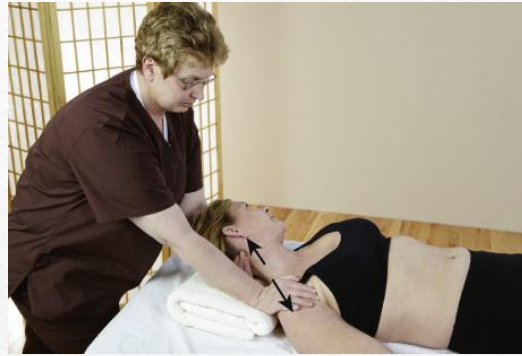
6. *Stabilize tissue at one end of the target area and hold fast. Then slowly glide with drag maintaining tension on the tissues at all times.*



7. Use shear forces to move tissue in and out of bind.

8. Use bending force to move tissue into bind (skin rolling).

9. Grasp, lift, and pull to create combined loading to move tissue into and out of bind.



10. Torsion force to twist tissue into and out of bind

11. Stretching methods take tissue into bind. Hold at the ends of the area to be stretched and move away to create tension force.

12. Traction applies tension force to the tissues surrounding a joint. Grasp firmly above and below the joint and move hands apart to create tension force into bind.

Connective Tissue Procedure



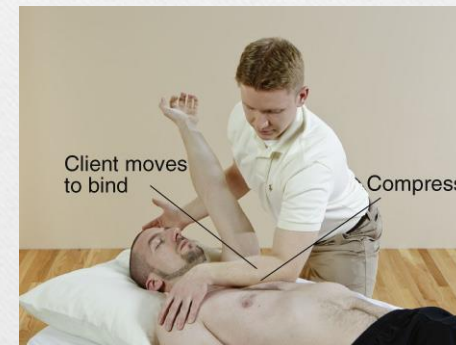
13. Pin and stretch variation. Move target tissue from ease position toward bind and hold in place.

14. As the target tissue is held fixed, move the joint area to create the tension force into the bind.

15. Active release variation. Compress target tissue while in ease and the move from ease to bind position.



16. Client moves the jointed area away while the tissue is fixed to create the tension force to move tissues into bind.



Trigger Point Treatment Approaches

Dr. Janet Travell and Dr. Leon Chiatow are leading experts.

Neuromuscular therapy is an umbrella term encompassing trigger point therapy.

It is one of many useful techniques for myofascial pain.

Mild trigger point activity can be dealt with effectively during general massage.

Trigger Points

Points of hyperirritability within any muscle; aggravated by stress

Nerve stimulation may cause referred pain, which can be traced back

May be a motor point where nerve stimulation contracts a small, sensitive muscle fiber bundle that, in turn, activates entire muscle

Palpation of tight muscle band often elicits a twitch response

Box 12-8 Theory of Trigger Point Formation

The following progression has been proposed to explain the formation of trigger points.

1. Dysfunctional endplate activity occurs, commonly associated with a strain, overuse, or direct trauma.
2. Stored calcium is released at the site as a result of overuse or of tearing of the sarcoplasmic reticulum.
3. Acetylcholine (Ach) is released excessively at the synapse because of calcium-charged gates.
4. High calcium levels at the site keep the calcium-charged gates open, and the release of Ach continues.
5. Ischemia develops in the area, resulting in an oxygen and nutrient deficit.
6. A local energy crisis develops.
7. Because adenosine triphosphate (ATP) is no longer available, the tissue is unable to remove the calcium ions, and Ach continues flowing.
8. Removal of the superfluous calcium requires more energy than sustaining a contracture; therefore, the contracture remains.
9. The contracture is sustained not by action potentials from the spinal cord but by the chemistry at the innervation site.
10. The actin/myosin filaments slide to a fully shortened position (a weakened state) in the immediate area around the motor endplate (at the center of the fiber).
11. As the sarcomeres shorten, a contracture knot forms.
12. The contracture knot is the "nodule," a palpable characteristic of a trigger point.
13. The remainder of the sarcomeres of that fiber are stretched, creating the usually palpable taut band that also is a common trigger point characteristic.
14. Attachment trigger points may develop at the attachment sites of these shortened tissues (periosteal, myotendinous) where muscular tension provokes inflammation.

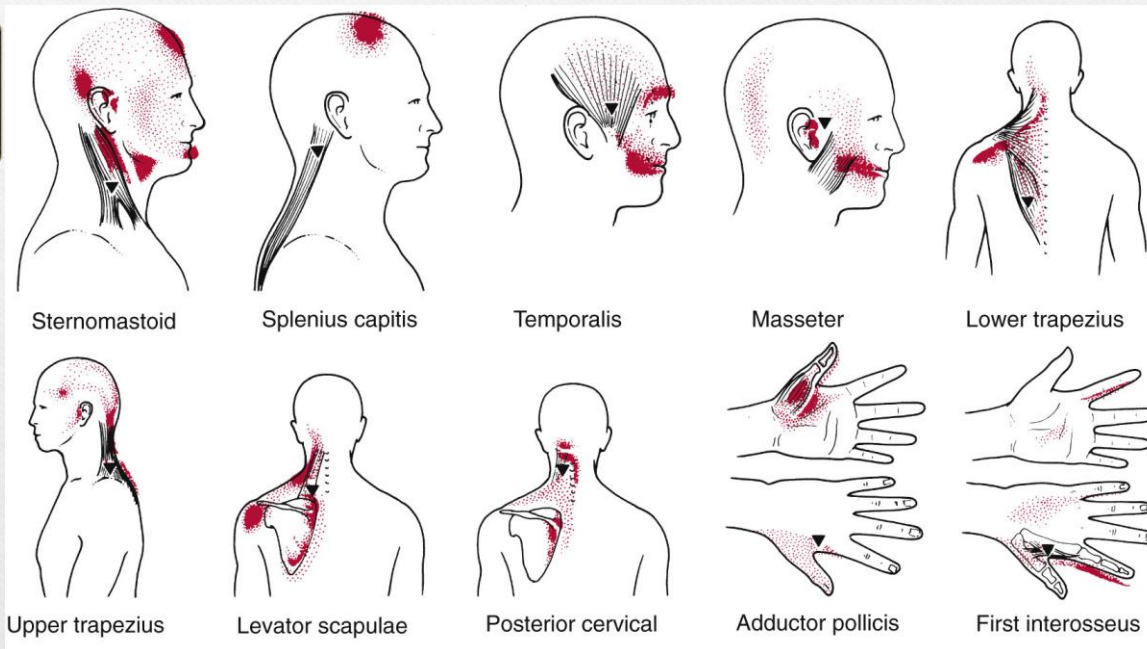
Modified from Chaitow L, Delany J: *Clinical application of neuromuscular techniques*, vol 1, *The upper body*, London, 2002, Churchill Livingstone.

Trigger Points

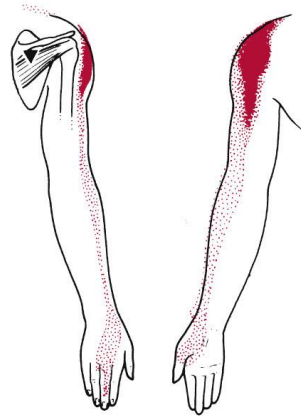
Associated restriction of movement

Referred pain distribution not usually along peripheral nerve or dermatomal segment

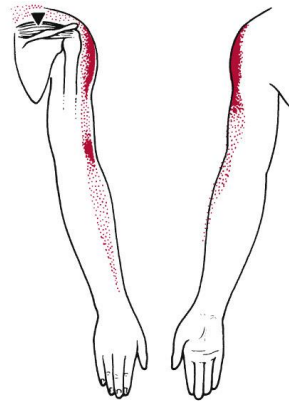
The referred pain patterns of trigger points are very important for assessment.



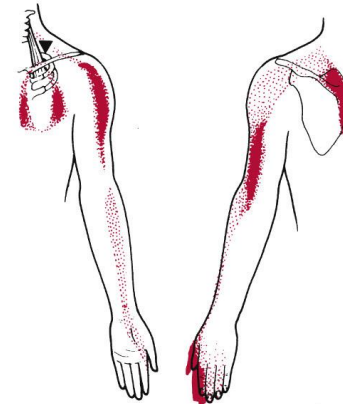
Trigger Points



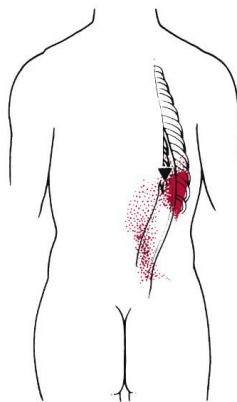
Infraspinatus



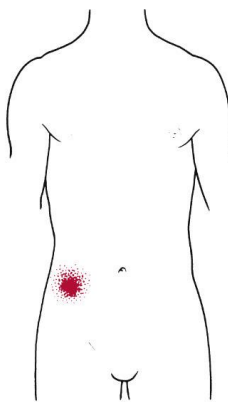
Supraspinatus



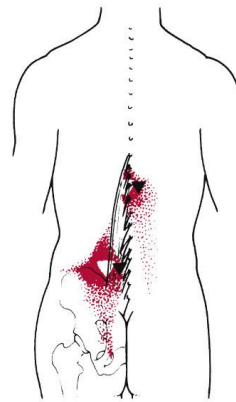
Scaleni



Iliocostalis

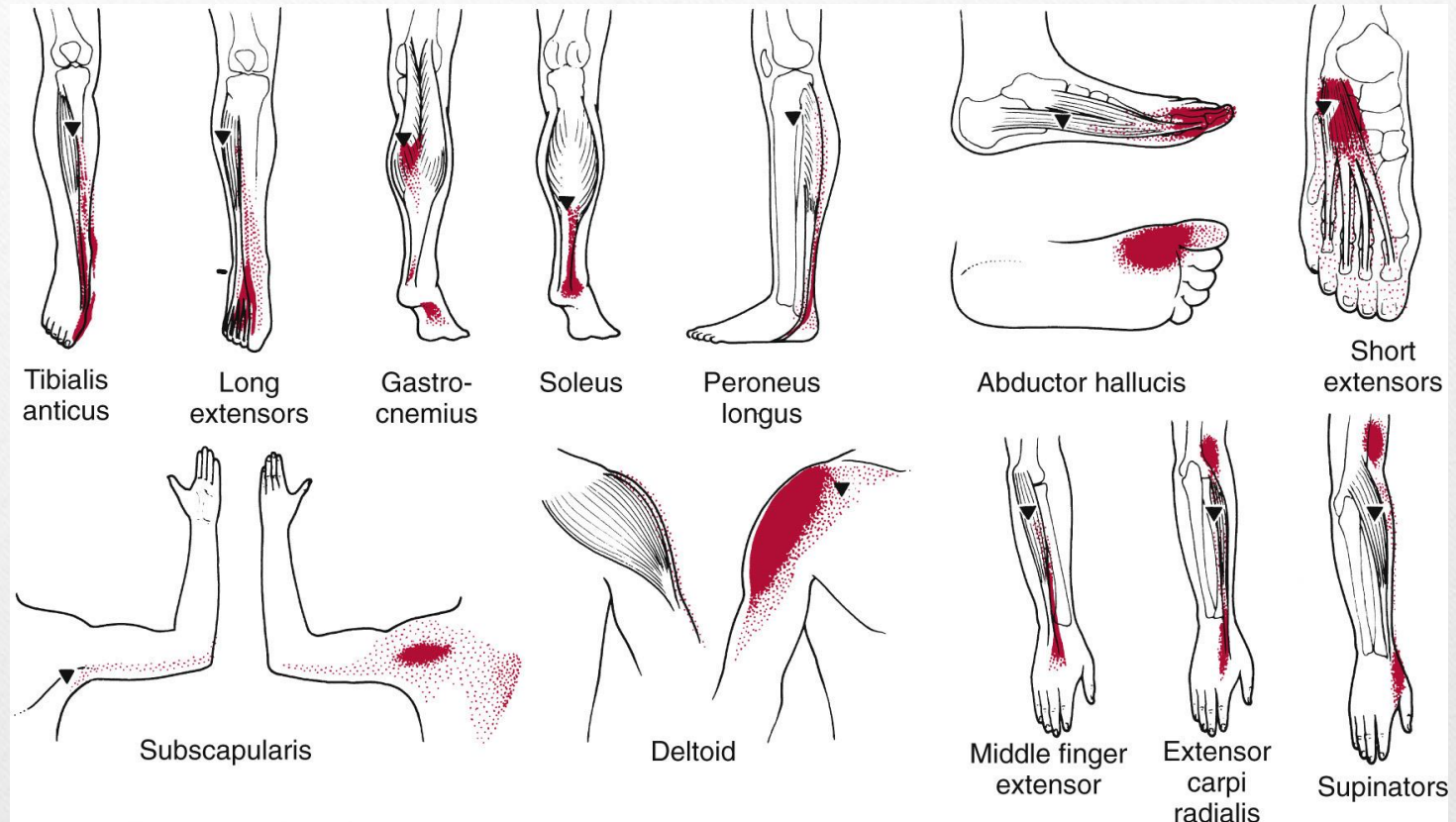


Multifidus

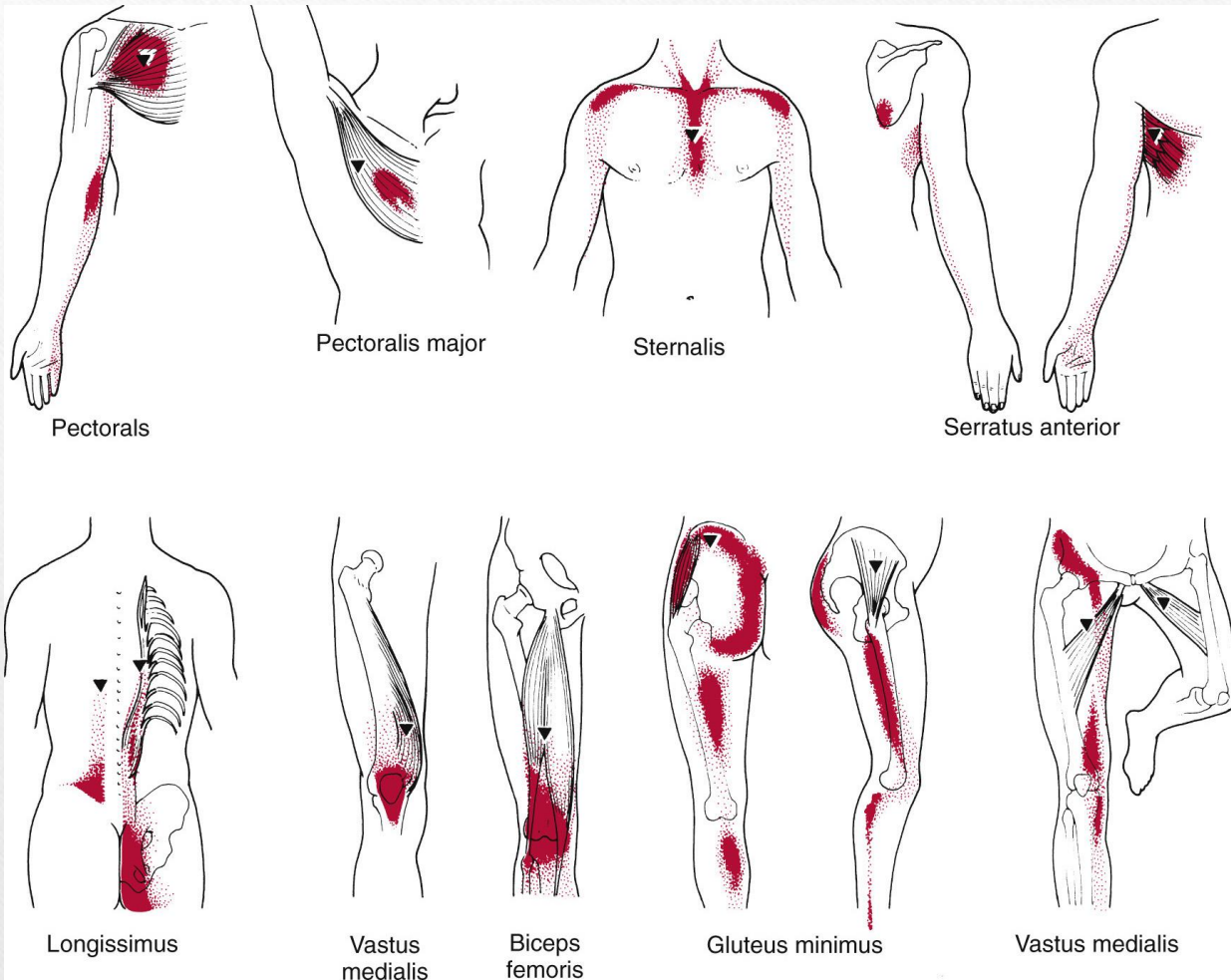


Gluteus medius

Trigger Points



Trigger Points



Perpetuating Factors

Reflexive—skin sensitivity, joint dysfunction, visceral dysfunction, vasoconstriction, and a facilitated nerve segment

Mechanical—standing and/or seated postural distortion, gait distortion, immobilization, vocational stress, restrictive clothing or shoes, furniture

Systemic—enzyme, metabolic, or endocrine dysfunction; chronic infection; dietary insufficiencies; and psychologic stress

Assessment for Trigger Points

Trigger points may be difficult to distinguish; if doubt exists, treat as a trigger point.

They are usually found during palpation or general massage.

Palpate and examine only the muscles to be treated during the same visit.

Pain elicited during assessment or treatment should be well within the client's comfort zone to avoid initiating protective mechanisms.

Assessment for Trigger Points

Box 12-9 Palpation for Trigger Points

In performing light palpation, the therapist may notice trigger points from the following responses.

Skin changes: The skin may feel tense and show resistance to gliding strokes. It may be slightly damp as a result of perspiration from sympathetic facilitation, causing the therapist's hand to stick or drag.

Temperature changes: The temperature in a local area increases with acute dysfunction but decreases with ischemia, which indicates fibrotic changes in the tissues.

Edema: Edema is an impression of fullness and congestion in the tissues. With chronic dysfunction, edema gradually is replaced by fibrotic (connective tissue) changes.

Deep palpation: During deep palpation, the therapist establishes contact with the deeper fibers of the soft tissues and explores them for any of the following:

- Immobility
- Tenderness
- Edema
- Deep muscle tension
- Fibrotic changes
- Interosseous changes

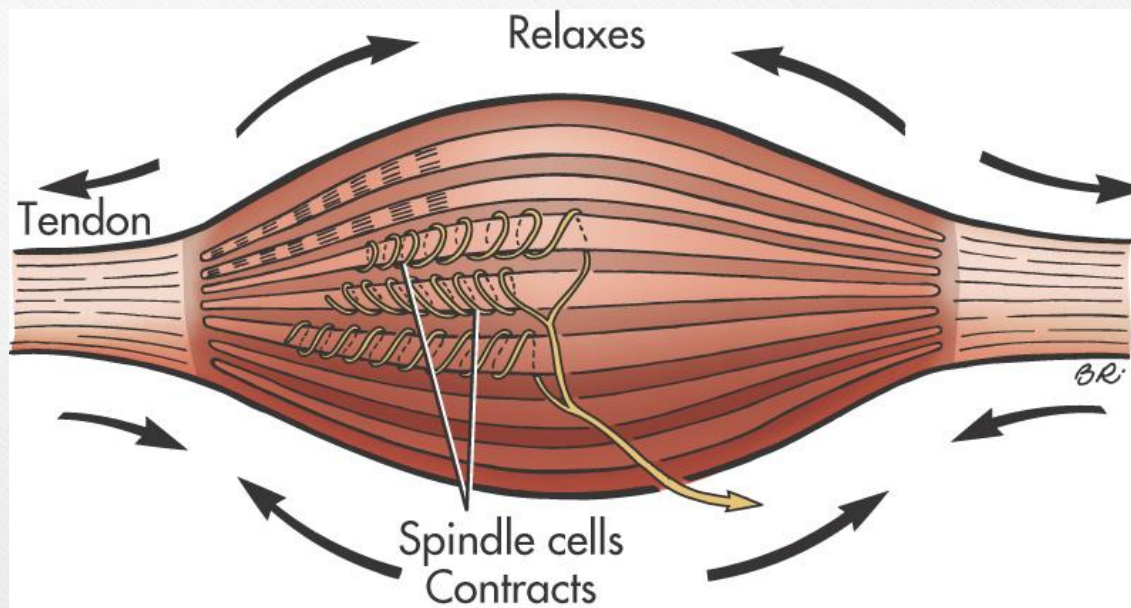
Methods of Treating Trigger Points

In most cases, treat for only 15 minutes to avoid irritation.

Basic neuromuscular techniques are effective if the area is hyperstimulated and lengthened, and connective tissue is softened and stretched.

Direct pressure (most aggressive technique), acupuncture, and ice massage are suggested treatments.

Direct manipulation of proprioceptors and positional release
effective and gentle



Pressure techniques: direct and pinching

Technique ends hyperirritability by mechanical disruption of nerve endings.

Compression must be held long enough to stimulate spindle cells.

Do not maintain pressure longer than 10 seconds; client can usually feel referred pain.

Gradually build up to 30 seconds or even up to 2 minutes.

End technique when referred pain stops or the therapist feels release.

Treatment pressure duration is determined by muscle fiber construction.

Phasic muscle fibers fatigue more quickly than postural fibers.

Fatigued muscle will not contract for a period and can be lengthened.

Use variable—not bouncy—pressure.

More pressure is applied as tissue relaxes.

Pressure is decreased if tissue tenses.

Deep cross-fiber friction and lengthening are effective if connective tissue has become immobile.

Reset normal resting length.

Failure to stretch and reset results in eventual return of symptoms.

Muscle energy approaches are more effective than passive stretching.

Assess referred area for satellite or embryonic trigger points.

Use local bending, shearing, and torsion for deep points or those located in muscle that is difficult to lengthen.

Circulation should be stimulated after pressure techniques.

Apply moist heat and advise rest and stress avoidance for a few days.

Trigger points can be released during wellness massage, connective tissue massage, or neuromuscular work. Many techniques can be tried to release a trigger point, including positional release, ice massage, and direct pressure. Moist heat, a hydrotherapy technique, is often applied immediately after treating a trigger point

Deciding Which Trigger Points to Treat

Muscle belly points usually are short and concentrically contracted.

Trigger points near attachments are

- Found in eccentric patterns and

- Often are located in long, inhibited antagonists to concentrically contracted muscle.

Address short tissue first and see if points at attachments resolve.

Sequence:

Most painful and reproduce familiar symptoms

Those most medial

Those in short tissue

Those in the muscle belly

Trigger point release is a good example of integration of multiple methods.

What is the difference between direct pressure and pinching pressure for treating a trigger point? When should these methods be applied?

A therapist applies direct pressure by pressing a trigger point against an underlying hard structure (bone).

A therapist applies pinching pressure by squeezing the muscle itself, keeping the trigger point between the fingers, as in the case of the sternocleidomastoid muscle.

These methods should be used if less invasive methods have been tried, and the trigger point remains.

Deciding Which Trigger Points to Treat



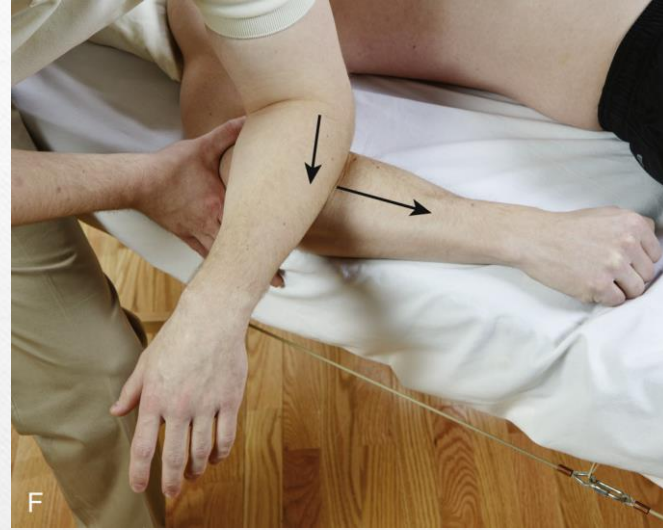
A, Location of a trigger point.

B, Holding at ease.



***C**, Broad based compression to area.*

***D**, Pinching/ squeezing compression with movement active or passive.*



E, Active release.

F, Direct pressure, then glide.

Asian Bodywork Methods

Ch'i, Qi/Ri energy, or life force, flows through interconnected pathways (meridians) in the body.

Life processes are balanced when Ch'i flows unobstructed.

The development of obstruction or stagnation is the basis for disease.

Tao or "Way" supports balance and teaches moderation, sustaining Ch'i.

Bodywork techniques are part of a whole understanding and may be less effective separated from the totality.

Acupuncture

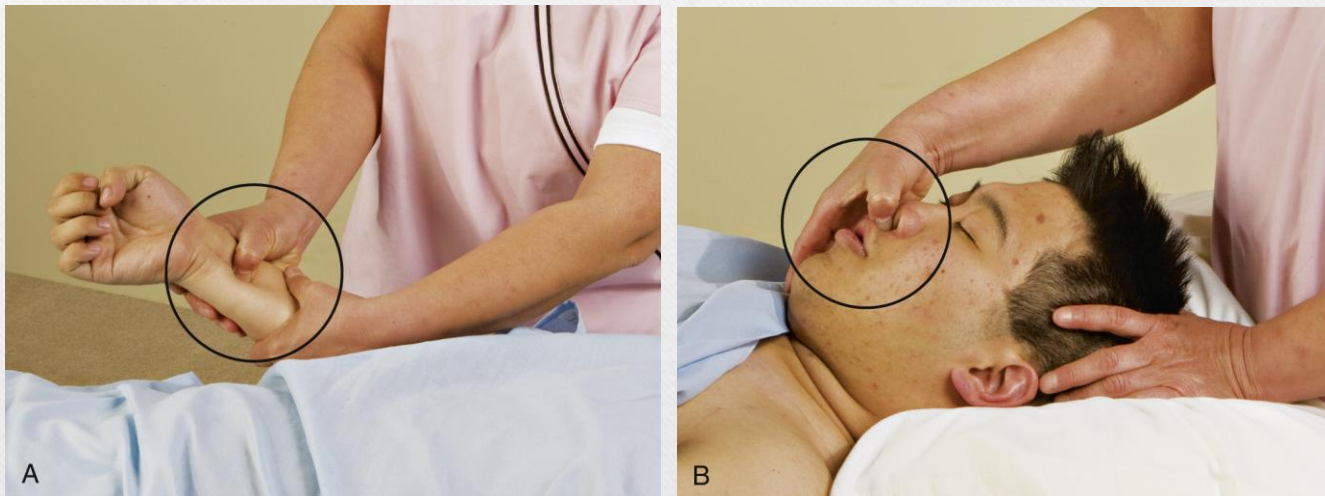
Acupuncture is the stimulation of certain points with needles inserted along the meridians and “ah shi” points.

It prevents and modifies perception of pain and normalizes physiologic function.

Acupuncture is becoming accepted as effective by Western medicine.

Acupressure Points

Acupressure uses finger pressure and is effective, although results are not as dramatic as with acupuncture.



Acupuncture

Meridians (Chinese theory)

Internally associated with organs and externally with head, trunk, and extremities

Energy flows from nerve tracts located in fascial grooves

A very short list of conditions treated effectively with acupuncture would include whiplash, sprains, strains, myofascial pain and fibromyalgia, headaches, back and neck pain, nerve impingement syndromes, arthritis, postsurgical and phantom pain, allergies, sinusitis, asthma, high blood pressure, gastroesophageal reflux, constipation, diarrhea, incontinence, infertility, endometriosis, insomnia, memory problems, depression, and anxiety.

Acupuncture: Yin and Yang

Yin and yang represent a balance of complementary forces.

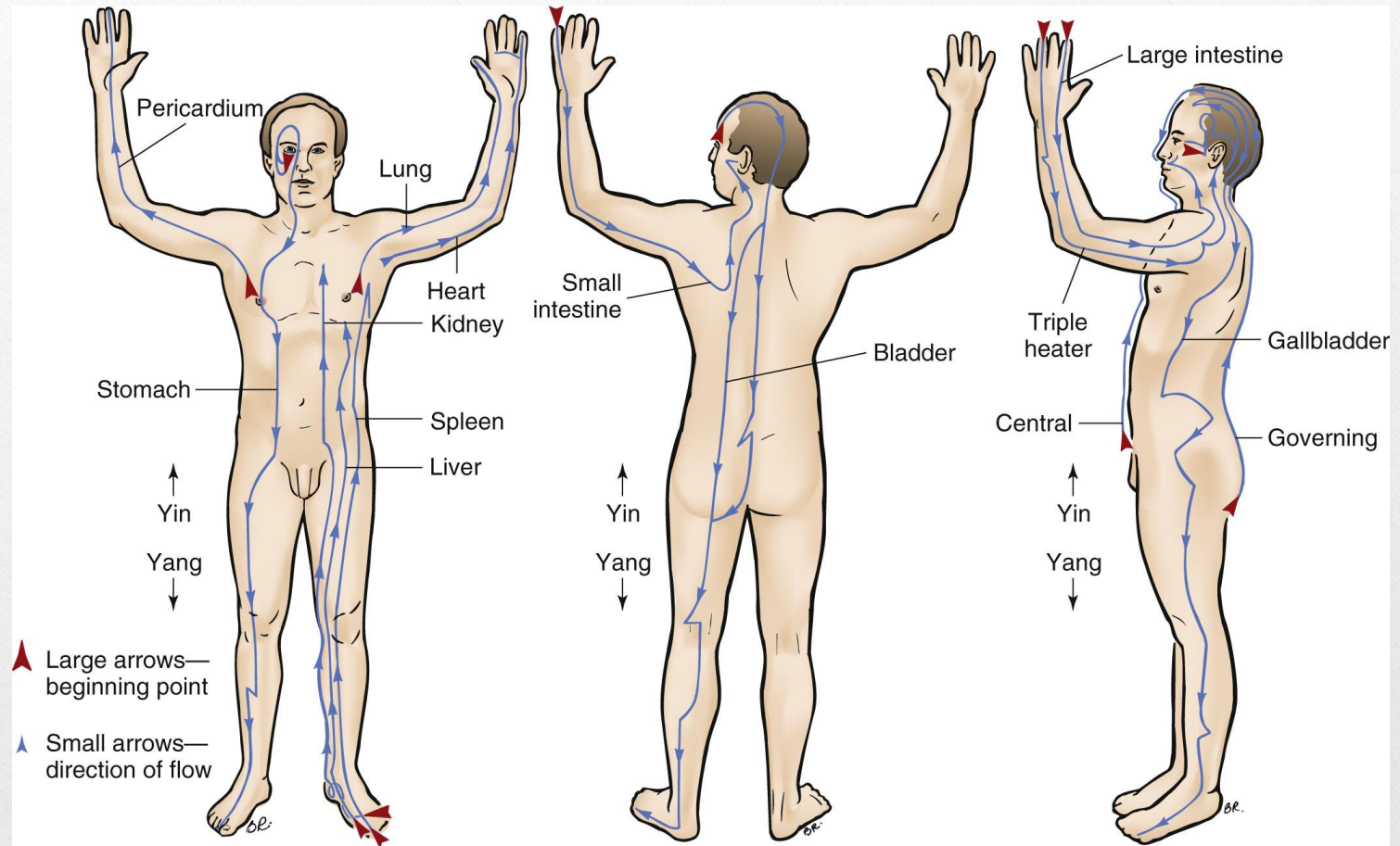
When balanced, body, mind, and spirit are healthy.

When out of sync, stress on entire system results in symptoms.

Yin and yang meridians work in pairs.

If yin predominates over yang, then a yang disease appears; if yang predominates over yin, then a yin disease appears.

Location of Meridians



Yin meridians are considered “female” and have a “negative” charge.

Functions draw energy of substance and nurturing in and restore or reproduce

Located on the inside soft areas of the body and flow from the feet up in Chinese anatomic position

Associated with parasympathetic ANS responses and functions of the solid organs essential to life

Yang meridians are considered “male” with a “positive” charge.

Energy of transformation and transportation is expended in short bursts and moves out from the body

Flow downward, on the backs of the arms and legs

Associated with sympathetic ANS responses and hollow organs, whose functions are supportive, but not essential, to life

The balance that must exist between yin and yang for health changes according to the weather, seasons, and other rhythms of nature.

The 12 Main Meridians

Meridians and points

There are 12 pairs of bilateral and 2 midline meridians.

There are various extra meridians relating to organs and functions.

Additional points on ear surfaces, hands, and the face have specific reflex effects.

Despite a body of literature and thousands of years of experience with acupuncture points, they remain mysterious.

Common trigger points and the location of traditional meridians are strongly correlated.

Acupuncture: Jing Luo

Jing lou—system that comprises acupuncture points

Provides information and energy about states of being; conditions of existence, body and mind, the whole being, and its parts

Can be visualized as a matrix passing through the body providing connection, energy, and communication

Fundamental infrastructure of Chinese anatomy and physiology

A therapist with a basic understanding of meridian pathologies could work whole meridians with thumb or palming pressure. After becoming sensitive to the location of points and stimulation and sedation methods, a therapist could use the techniques to balance the client's energy as a way to close a session

Acupuncture

Points basically open and close, releasing and storing information.

Channels contain and convey Qi and xue (blood).

Everything that is sensed or experienced is a form of Qi.

Qi is a result of interplay of yin and yang, forces that are fundamental constituents of the universe and everything in it.

The Five Elements

A basis for examination, diagnosis, and treatment

Wood, fire, earth, metal, and water

Each organ represented by an element; each element has many qualities

A human being is a reflection of universe; elements are a metaphor for life processes

Each element is a yin-yang relationship of two meridians

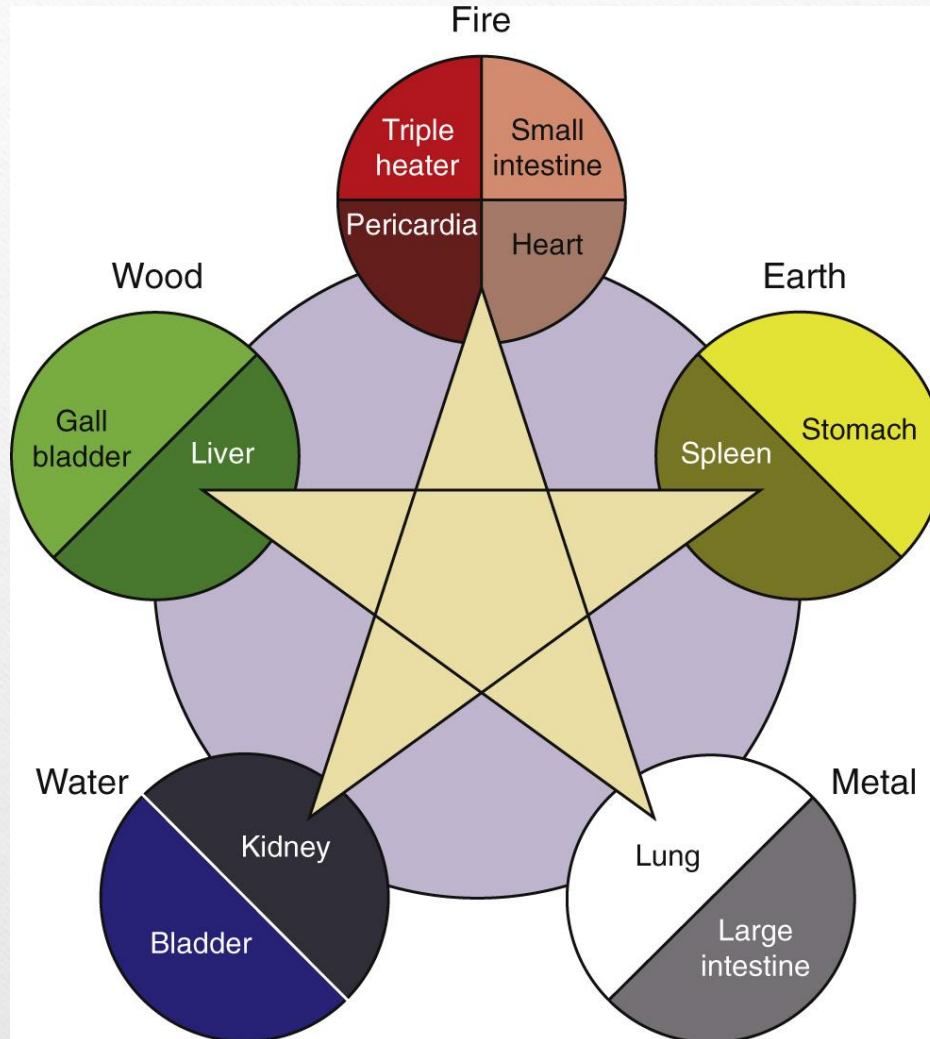
The five-element wheel

Contains the sheng or creative circle

Five-pointed star indicates the ke or control cycles between paired meridians located at star's tips

Represents the cycle of creation and control; each element controls another and is controlled by a third

Elements are categories of quality and relationship



Principles of Traditional Chinese Medicine

Si shi

Term for the four seasons, which correspond to the five elements

Shen

Primary criterion for diagnosis and prognosis

Refers to magical dimension of life

Xue (blood)

Both physiologic and Qi-related substance

Derived from consummation and assimilation of food

Ying

Responsible for tissue nourishment and blood production

Jin ye

Fluids (other than blood) that exist extensively in the body, serve nutritive function

Basic substance that transforms into blood

Composed of two substances that can transform into one another

Wu zang

Five solid, essence-containing organs (heart, liver, spleen, lungs, and kidneys)

Liu fu—six hollow organs that transport substances

Qi heng zhi fu (extraordinary organs) resemble fu organs in structure and zang organs in function

Bones, blood vessels, gallbladder, uterus, brain, and bone marrow

Differ from liu fu: they do not decompose food or convey waste

Differ from wu zang: they do not produce or store excess

The gallbladder is considered a bowel because it plays a role in the processing and conveyance of food and is in a paired organ relationship with the liver. It is classed as an extraordinary organ because the bile it produces is a “clear fluid” rather than waste.

Liu qi—six excesses

Wind, cold, summer heat, dampness, dryness, and fire

Changes in weather can exceed an individual's tolerance, and disease results

Environmental conditions important for diagnosis

Qi qing—seven affects

Emotional/mental activities considered potential pathogenic factors

Anger, melancholy, anxiety, sorrow, terror, fright, and excessive joy

Xu shi—principles for estimating a person's resistance to pathogenic factors

Vacuity—insufficiency of vitality or functioning

Repletion—hyperactivity of factors or symptoms

Han re describes cold and heat.

This is the primary manifestation of yin/yang.

Han re influences selection of herbs for prescriptions.

Han means “cold” and re means “heat.”

Each season has commonly associated diseases

Zhen—four traditional examinations

Wang zhen—visual inspection

Wen zhen—listening and smelling

Wen zhen—inquiry (or the 10 questions)

Qie zhen—palpation

Wang Zhen—consists of looking at patient's outward appearance, including posture, color, complexion, tongue, and outward reflections of emotional states

Chinese doctors listen to what patient says, voice, breathing, coughing, moaning

Shi wen consists of questions about physical functions and conditions, past history, temperature, appetite, and thirst

Wu se (five colors) observed on body—green (wood/liver), red (fire/heart), yellow (earth, spleen), white (metal/lungs), and black (water/kidneys)

San yin describes a method of classifying pathogenic factors as nei yin (endogenous), wai yin (exogenous), or bu nei wai yin (neither)

Three categories of “a thousand sufferings”:

External—evil invades jing luo and enters zang fu

Internal—Blood and vessels become congested

Neither external nor internal (bu nei wai yin)

Nei yin refers to abnormal emotional activities.

Wai yin includes wind, cold, summer heat, damp, dry, and fire.

Bu nei wai yin refers to improper diet, fatigue, trauma, bites, and stings.

Si qi si xing—synergistic character of medicines:

Hot or warm (yang; used to treat yin factors)

Cool or cold (yin; used to treat yang factors)

Wu wei (five flavors)—tastes of herbs

Acrid (lungs) and sweet (spleen)

Sour (liver), bitter (heart), and salty (kidney)

Bland; percolating, discharging; yang

Zhen jiu (acupuncture and moxibustion)

Commonly referred to as acupuncture, but refers to two allied forms of therapy

Zhen fa (needle application)

Jiu fa, application and burning of prepared Artemisia near or on certain points to warm and stimulate movement of qi

Needles applied include filiform, three-edged, plum-blossom, and intradermal.

Shu xue (or in bach shu)—acupoints found lateral to spine

Lines 11 inches and 3 inches lateral

Related to the functioning of internal organs and other physiologic aspects

Mu xue (alarm points)—group of points on body's anterior surface

Both diagnostic and therapeutic relationships

Because qi changes often precede other signs of pathology, these points can sound an alarm indicating dysfunction

Wu shu xue—five transport points

Found on each of the 12 primary channels

Well points, spring points, stream points, river points, and uniting (sea) points

Tui na (pushing and holding)—general name for massage

An mo—another term for massage

Describes use of various techniques and methods, as well as manipulation and adjustment at joints and extremities

Health Preservation and Exercise

Exercise is foremost among various methods for preserving and extending life and cultivating inborn treasures of body, mind, and spirit.

Qi gong refers to traditional practices of physical, mental, and spiritual exercises and regulation of breath (qi).

Designed to strengthen and harmonize qi

Regulates body and mind and cultivates spirit

Qi gong creates an awareness of and influences dimensions of our being that are not part of traditional exercise programs.

The gentle, rhythmic movements of Qi gong reduce stress, build stamina, increase vitality, and enhance the immune system.

It has also been found to improve cardiovascular, respiratory, circulatory, lymphatic, and digestive functions.

Dao yin—meditation and breathing exercises that seek to develop ability to lead and guide qi throughout body and to free its flow

Bending, stretching, and otherwise mobilizing extremities and joints

Emphasizes breath control and strength development

Includes self-massage techniques that activate and harmonize circulation of blood and qi

Tai Ji Quan is another martial art and meditative practice.

Methods of Treatment of Acupuncture Points

Location of acupuncture points

Usually lie in fascial divisions between muscles and near origins and insertions

Feels like a small hole and elicits a “nervy” feeling

Bilateral; to confirm a point, locate it on the other side of the body

Commonly used techniques in Chinese massage therapy include pressing, rubbing, pushing, grasping, digging, kneading, chafing, patting, hammering, extending, rotating, shaking, and treading.

Stimulate a hypoactive point with short vibration or tapping.

Sedate a hyperactive point with sustained holding pressure.

Alternately apply both techniques if unsure, and allow the body to adjust.

Asian methods can be viewed as working through the neuroendocrine system, or in terms of the body's homeostatic tendency.

It is advisable to gently lengthen and stretch an area after direct pressure treatment in case there is a trigger point because they often overlap.

Demonstrated effects of Asian bodywork methods

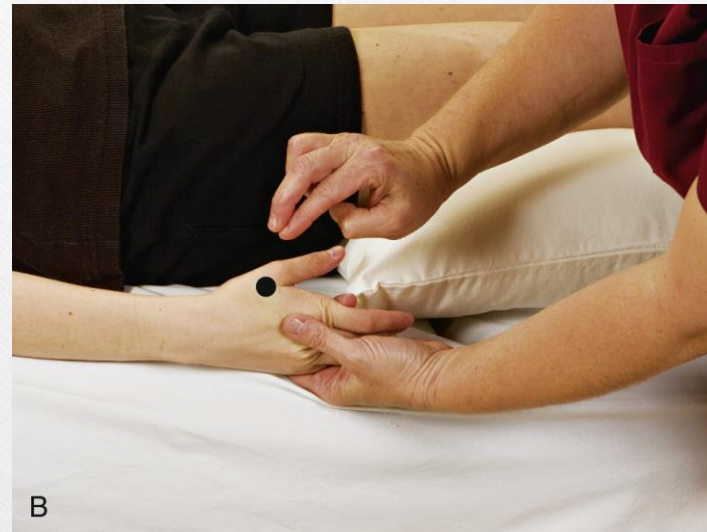
Alteration of function of organs or systems

Analgesic and anesthetic effects

Inhibitory effect on unit discharge of neurons in nonspecific nucleus of thalamus

Pain relief may be due to neurally mediated changes in the brain's receptivity to pain impulses as well as biomedical changes caused by the release of local and general hormone-like substances

Treatment of Acupuncture Points



A, Press, sedate.

B, Tap, stimulate.

Shiatsu

Japanese bodywork system developed 70 years ago; “finger pressure”

Broad in application of methods and diagnosis

Fingers pressed onto certain points

Tsubo (acupuncture points) located along meridians

In addition to applying finger pressure on tsubos, shiatsu therapists often employ stretches, traction, passive joint movement, and palming of the meridians.

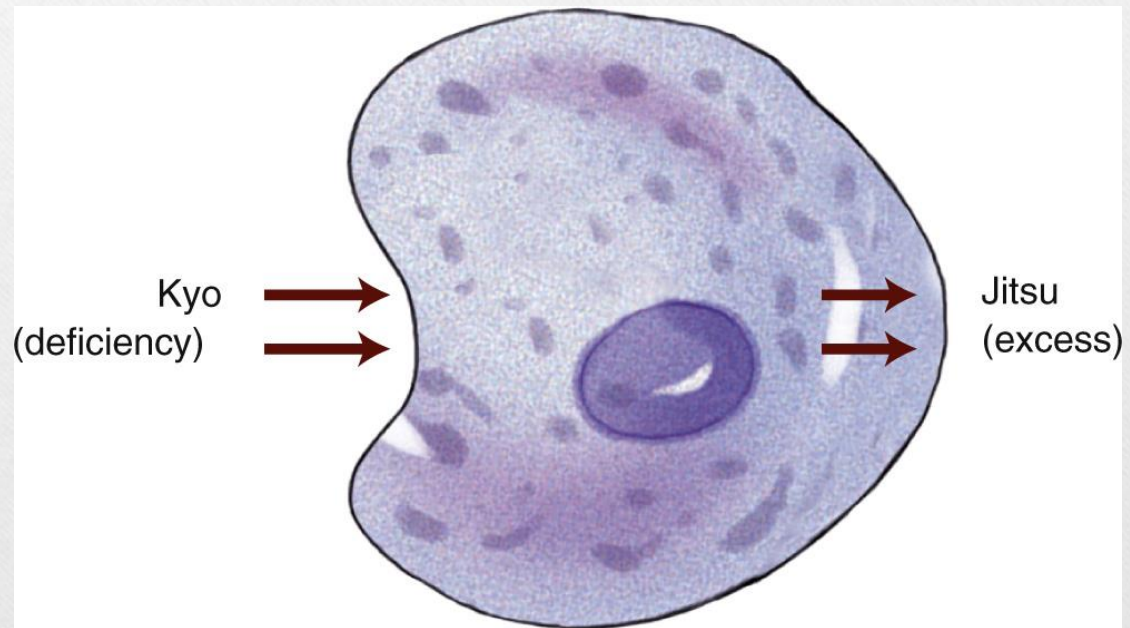
The therapist also may use his or her own knees or feet to apply pressure.

Diagnosis identifies ki flow as either kyo (under energy) or jitsu (over energy).

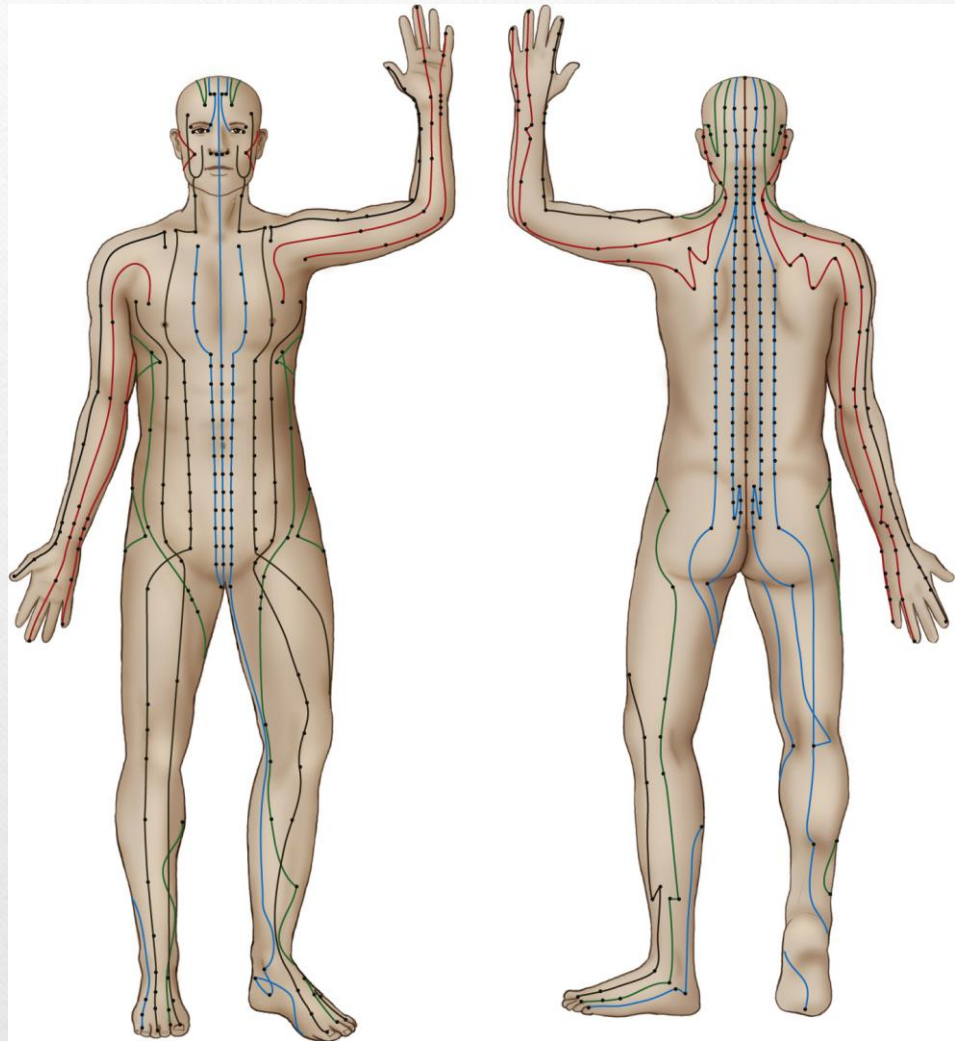
Pressure along traditional meridians

Hara diagnosis made on abdomen (center) and back

*Treatment restores
balance by toning
kyo and sedating
jitsu*



The main meridians' pathways of shiatsu



Lung meridian builds strength through inhalation.

Large intestine—assists function of lung, eliminates ki stagnation, controls secretion and excretion from inside and outside

Spleen meridian (pancreas, in modern terms)—supports digestion and digestive secretions and secretions of reproductive hormones related to breasts and ovaries; mental fatigue and lack of exercise adversely affect spleen

Stomach meridian—relates to stomach, esophagus, and duodenum function; reproductive and menstrual function; lactation; ovaries; and appetite mechanism

Heart meridian—functions include compassion and emotions, blood circulation, and adaptation of external stimuli to body's internal environment

Small intestine meridian—has total body influence through food digestion

Kidney meridian—functions to control spirit and energy to body, detoxifies and purifies the blood, and promotes resistance against mental stress through hormone secretion

Bladder meridian—supports kidney hormone system and the pituitary, eliminates urine, and is connected to ANS, especially reproductive and urinary organs

Heart constrictor meridian (sometimes called pericardium)—supports and assists heart function and controls total nutrition

Triple Heater—supports functioning of small intestine and lymphatic system, and controls circulating energy through viscera

The triple heater “is not a single self-contained organ, but rather a functional energy system involved in regulating the activities of other organs. It is composed of three parts, known as ‘burners,’ each associated with one of the body’s three main cavities: thorax, abdomen, and pelvis. An ancient Chinese medical text states: ‘The Upper Burner controls intake, the Middle Burner controls transformation, the Lower Burner controls elimination.’” (Reid, Daniel, The Complete Book of Chinese Health and Healing, Shambhala, Boston, 1995)

Liver meridian—stores nutrients and energy for physical activity, maintains blood for energy, and supports resistance to disease

Gallbladder meridian—distributes nutrients and balances energy by supporting secretions and internal hormones including bile, saliva, gastric acid, insulin, and intestinal hormones

Shiatsu eases fatigue, aches, pain, tension, and disease symptoms.

Thai Massage

More than 2500 years old

Incorporates:

Mindfulness

Gentle rocking

Deep stretching

Rhythmic compression

Yoga postures to open joints and relieve tension

Performed on mat

Slow, deliberate, gentle treatment

Thai massage combines elements of yoga, shiatsu, and acupressure, working with the energy pathways of the body and the therapy points located along these lines.

Examples of Shiatsu

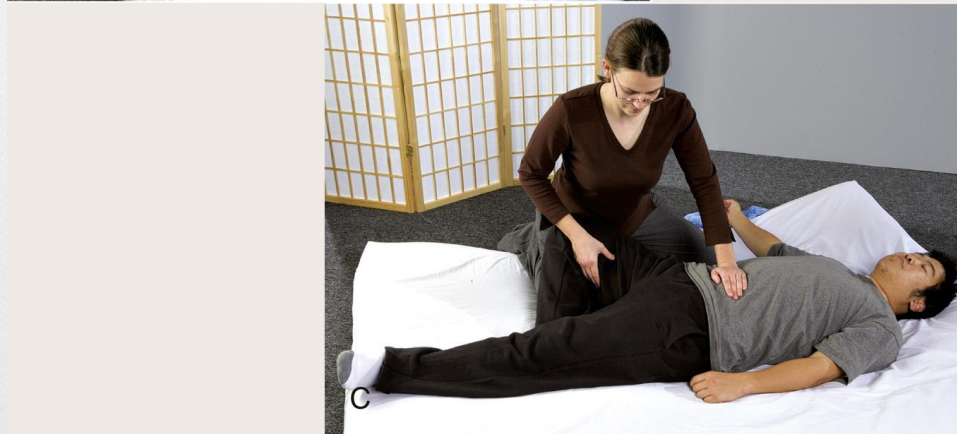
A, Step.



*B, Foot press
on the
posterior thigh.*



*C, Addressing
the liver
channel in the
leg.*



Examples of Thai Massage

D and E, Hip stretch.

F, Compression with the foot.



Ayurveda

Ayurveda is a system of health and medicine developed in India and is similar in its theory base to Asian systems.

Ayurveda means “life knowledge” or “right living.”

It is grounded as a body/mind/spirit system in Vedic scriptures.

A dosha is a body chemical pattern.

Tridosha theory combines Vata (wind), Pitta (bile), and Kapha (mucus) to form the five elements of ether, air, fire, water, and earth.

“After assessing a patient and the presentation of an illness, an Ayurvedic physician prescribes a 6- to 12-month program that may include five sense therapies (special diet, color or sound therapy, aromatherapy, and massage), pancha karma (the five actions) for detoxification and rejuvenation, and yoga asanas and meditation to calm the mind.” (Jonas Wayne B, ed: Appendix C, Mosby’s dictionary of complementary and alternative medicine, St. Louis, 2005, Elsevier, Inc.)

Earth—bones, flesh, skin, nerves

Water—semen, blood, fat, urine, mucus, saliva, lymph

Fire—hunger, thirst, temperature, sleep, intelligence, anger, hate, jealousy, radiance

Air—movement, breathing, natural urges, sensory and motor functions, secretions, excretions, tissue transformation

Ether—love, shyness, fear, attachment

A dosha's influence or dominance determines a person's temperament.

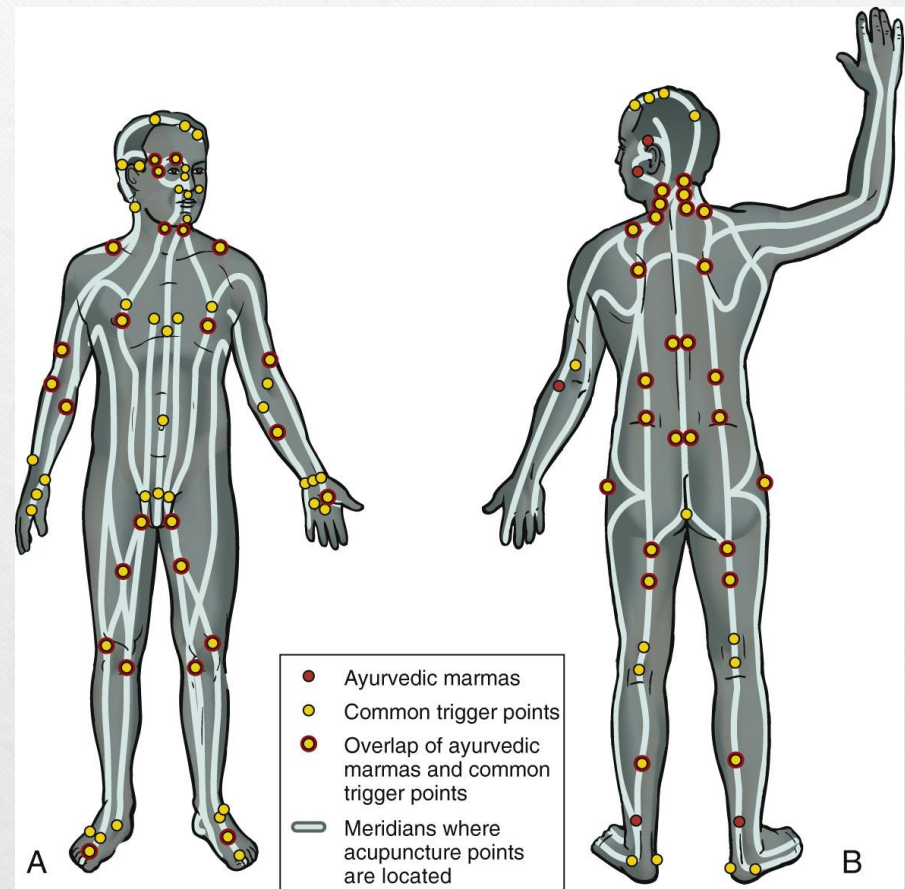
It is an inherited, genetic quality that influences one throughout life.

A balance of function within the dosha system equates with health.

Marmas are about 100 points concentrated at junctions of muscles, vessels, ligaments, bones, and joints.

Junctions form seat of vital life force or Prana.

This figure shows the overlap in marmas, meridians, and common trigger points



Seven centers of Prana are called Chakras or Padmas (lotuses)

Located just in front of spinal column and interrelated with nervous system and endocrine glands

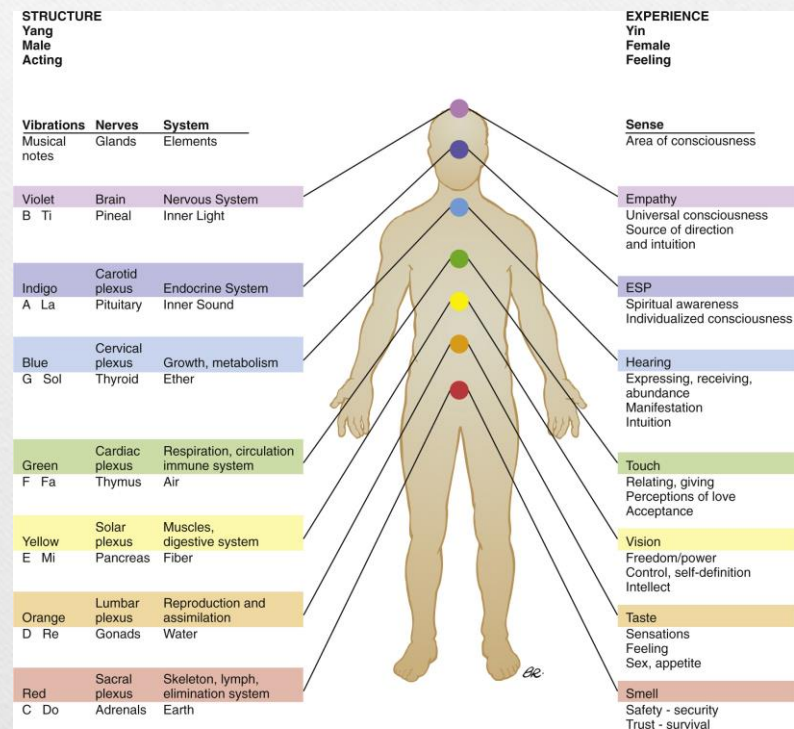
Subtle centers of consciousness linking universal source of intelligence and human body

Wheels of energy governing physical organs and etheric bodies, such as emotional body

Chakras

Expressed externally at points along front of body, such as navel, heart, or throat

Subtle latent energy, called Kundalini (Shaktism) or tumo (Tibetan Buddhist Tantra)



Color and Chakra Therapy

Light can be used therapeutically.

Each color of the spectrum has a specific frequency that is thought to influence the body (e.g., red = enthusiasm, passion, and vitality).

Chinese medicine system also relies on color.

Chakra therapy often is related to color.

Color and Chakra Therapy

Box 12-12 Color Therapy and Recognized Associations

Violet

Compassion, awareness of spiritual self, letting go

Indigo

Intuition, meditation, and spiritual awareness

Blue

Expression, relaxing, and serenity

Green

Feelings, healing, and love

Yellow

Mental energy, creativity, focus, and concentration

Orange

Joyfulness, warmth, and happiness

Red

Enthusiasm, passion, and vitality

Chakra System

First base/root chakra – red; tied to earth element; grounds us to physical plane

Second/sacral chakra – orange; controls emotions and sexuality

Third/solar plexus chakra – yellow; controls intellect and ego

Fourth/heart chakra – green; controls love and relationships

Fifth/throat chakra – blue; controls expression and transmitting creativity

Sixth/brow chakra – indigo; controls internal vision, intuition, and self-realization

Seventh/crown chakra – purple; controls integration of the conscious and subconscious minds

The heart chakra is the pivot point between the lower three chakras and the upper, more spiritual chakras

It is interesting to note that the color spectrum found in rainbows is the same as that found in the chakra system.

Polarity Therapy

Eclectic, multifaceted, holistic health practice developed by Dr. Randolph Stone in the mid-1900s

Encompasses some theory base of Asian medicine and Ayurveda

Involves respectful, compassionate, and intentional laying of hands on the body

Physiologic explanations include entrainment, reflex response, and benefits of rocking; intangible “something” that exists beyond physiologic explanation

“Polarity Therapy is a unique bridge between the purely energetic-based methods, such as Reiki and acupuncture, and the physical-based methods such as massage, chiropractic, and osteopathy.” (From Korn L: Clinician’s complete reference to complementary and alternative medicine, Novey Donald W, ed, St. Louis, 2000, Mosby, Inc.)

Intention of touch is same as that of therapeutic massage

Nothing is forced; experience belongs to client

A practiced development of skills

Decision-making guided by intuition, not protocol

Simpler methods for more complex client situations

Polarity therapy is contraindicated during pregnancy, especially in the first trimester.

Energy Approaches

The intention of energy-based methods is to balance the bioenergy fields of the body. The key skills are focus and intention.

Because energy work is focused and intention based, the entire massage application is an energy approach.



Principles and Applications of Polarity Therapy

Locates blocked energy and releases it, restoring function in the body's systems and organs and initiating natural healing

Does not treat illness or disease

Affects body (life) energy flowing through electromagnetic currents through organs and tissues; stimulates inactive energy

The head and spinal column form the body's central neutral (0) energy axis

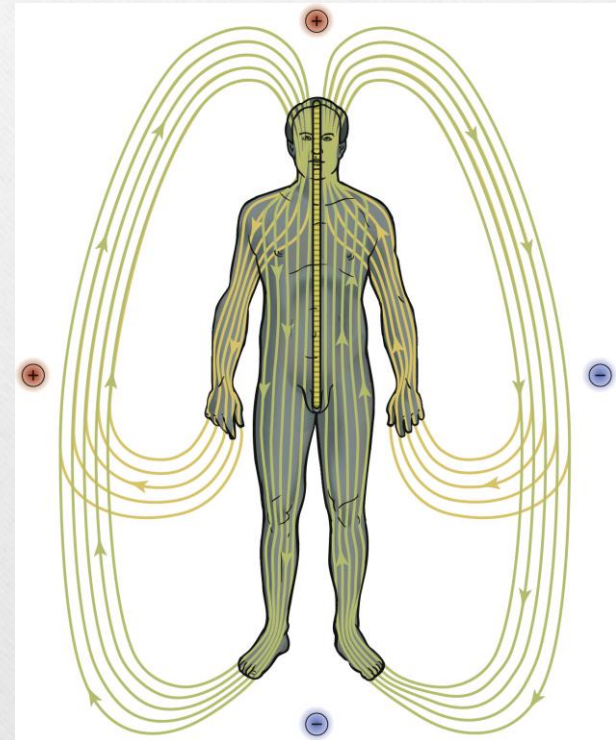
In polarity therapy, practitioner has a fascination for, but no attachment to, the outcome. The methods become free to influence the client's experience. It is also important that the practitioner remain neutral in his or her expectations.

Positive (1) vertical energy currents travel from head to foot on the right side

Flow down the front of the body and up the back

Warmth, heat, sun, yang, expanding

The idea of sending love through your hands is sometimes employed if manipulations are ineffective.



Negative (2) vertical currents on the left side of the body

Flow up the front and down the back

Cooling, contracting, moon, yin, receptive

The Five Major Body Currents

Five electromagnetic currents are on each side of the body.

Each is related to an element: ether, air, fire, water, or earth.

Each passes through a corresponding finger or toe.

Each relates to the organs and functions of its area.

The use of positive and negative is a way of showing relationships.

Ether—associated with voice, throat, hearing, quality of nothingness

Core current flows north to south (head to pelvis to back)

Represents pure vibration, responds to gentleness and love

Color: sky blue; sense: hearing; food: pure air

Air—associated with respiration, circulation, heart, lungs, and speed

Flows from east to west (front to back in a circular pattern)

One is calm and relaxed with a balanced air element

Color: emerald green; sense: touch; food: fruits and nuts

Fire—digestion, stomach, bowels, warmth, body heat

Diagonal bilateral current from the shoulder to the opposite hip

Part of the figure-eight energy, activated by touch, food, exercise

Color: yellow; sense: sight; food: grains

Water—generative power, creativity, emotions, sexuality, equilibrium, glands

Splits body in half, includes the arms and legs

The right side clockwise, the left counterclockwise

Color: orange; sense: taste; food: leafy greens, seaweed

The Five Major Body Currents

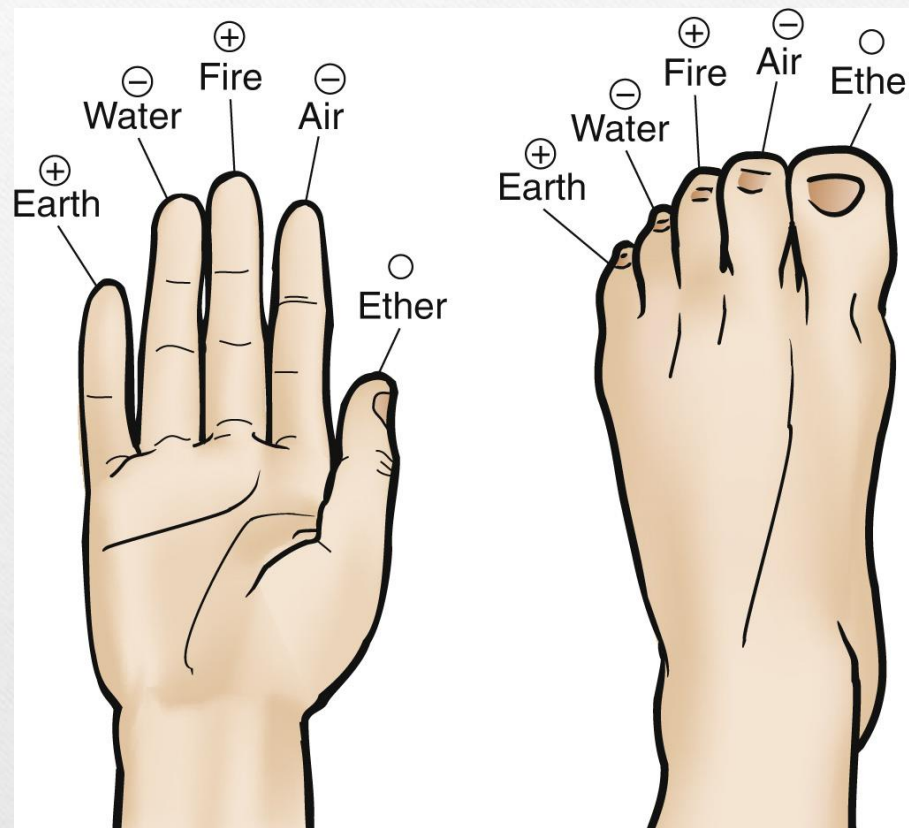
Earth—solid and liquid elimination, bladder, rectum, formation of bone, structure and support

Zigzag current; solid straight lines from one side to the other

Color: red; sense: smell; food: tubers, meat, dairy

Different areas of body have polarities (positive or negative charges).

Joints are neutral crossovers where energy changes polarity.



Blocked energy usually registers as pain, tenderness, or soreness.

Place left (receptive) hand on pain and right (expanding) hand opposite it.

Reflexes

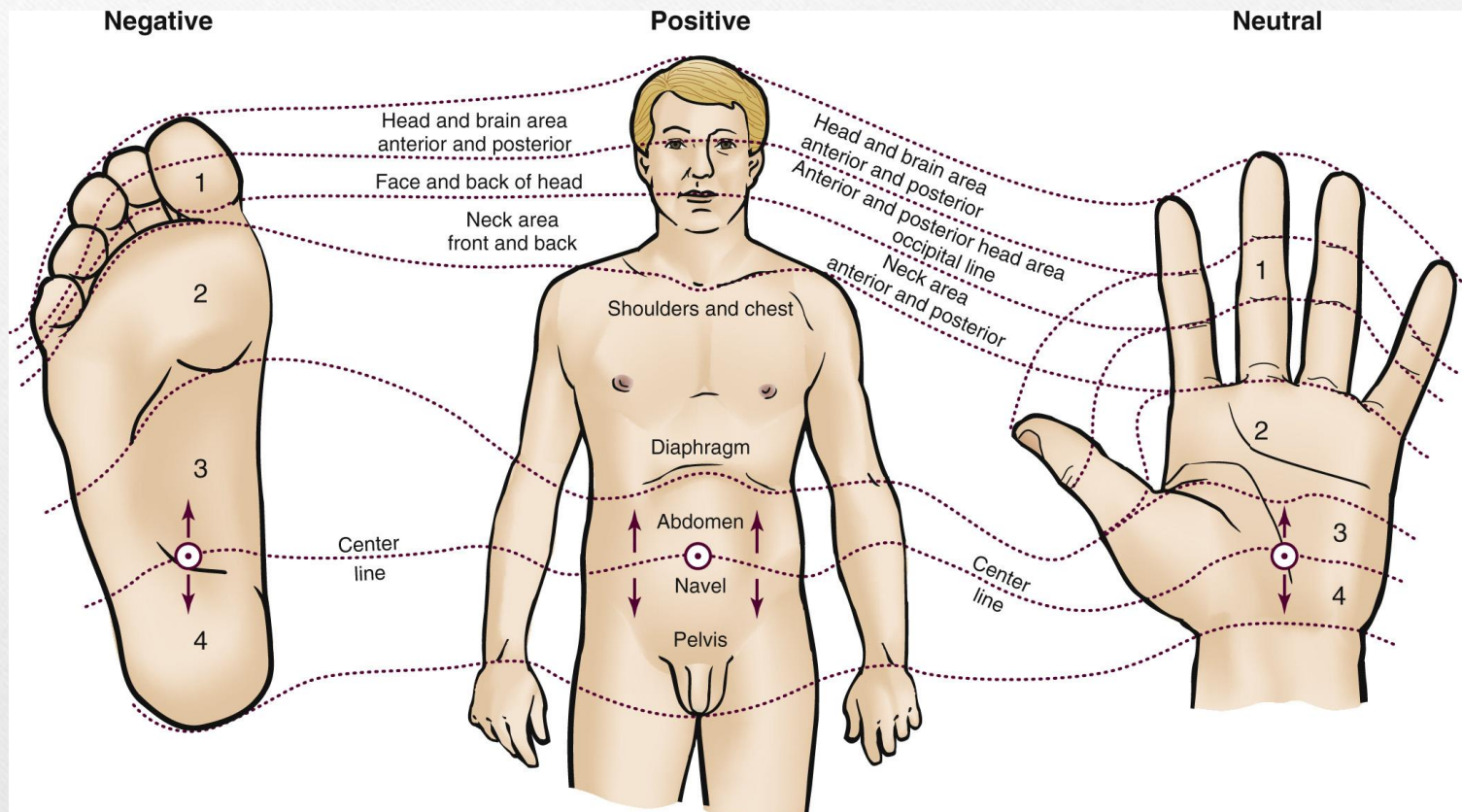
Reflexes are points along a current that connect with other points along the current.

A reflex point can affect other reflexes on same energy path.

Foot and hand stimulations use reflex principles.

Reflexes

Reflex relationships among the hand, foot, and body are shown here.



Positive and Negative Contacts

Always use both right- and left-hand contact to draw energy.

Reflex areas of hand or foot can be alternately stimulated with blocked or painful area.

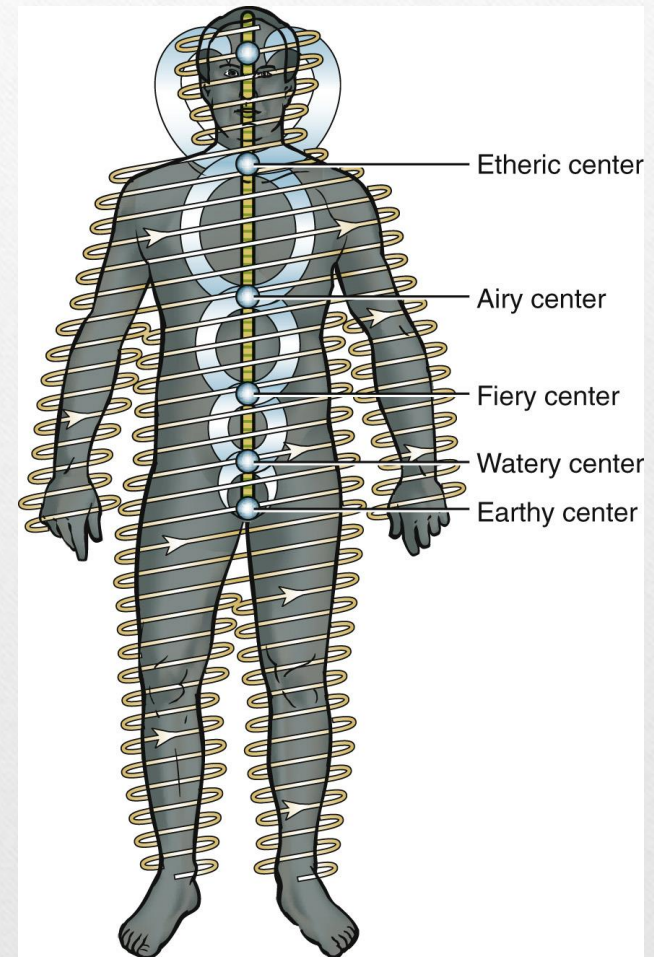
Negative poles are commonly obstructed; stimulate negative pole first, then positive.

Diagonal contacts activate serpentine brain wave currents.

Positive and Negative Contacts

Brain wave currents crisscrossing the spine from the brain to the coccyx are shown here.

These currents resemble the caduceus, the ancient Greek symbol for medicine. Each crossover point is known as a chakra, or energy center.



Applying a Polarity Method

Stimulate the area briskly, then hold and feel the energy.

Don't cross hands on the client's body; center the client's body between them.

Use fleshy finger pads to stimulate points.

Use gentle, light touch to move energy; never use force.

Blocked energy is released when you feel the energy move.

Reflexology

Eunice Ingham is credited with formalizing the system.

It is based on the theory that points in the foot and hand affect other organs or areas.

The foot has been mapped to show correspondences.

The bodywork definition of reflexology is stimulation of areas beneath the skin to improve the function of the whole body or of specific body areas away from the site of the stimulation.

Zone therapy postulates that 10 zones run through the body, containing reflex points for stimulation.

Reflexology is the study of reflexes (medical definition).

Reflexotherapy is treatment by manipulation that is applied to an area away from the disorder.

Foot massage is also an effective self-treatment that massages the hands as well.

Reflexology Chart

The foot has been mapped to show the areas to contact to affect different parts of the body, though charts mapping these areas vary somewhat.



Physiologic Reflexes of the Foot

Ankle and foot contain 34 joints and many joint and reflex patterns

Extensive nerve distribution and major lymph system plexus

Foot position sends postural information through the CNS

Physiologic Reflexes of the Foot

Box 12-13 Reflexes Associated with the Foot

Achilles tendon reflex: Plantar flexion/extension of the foot, resulting from contraction of the calf muscles after a sharp blow to the Achilles tendon; similar to the knee-jerk reflex.

Extensor thrust: A quick, brief extension of a limb after application of pressure to the plantar surface.

Flexor withdrawal: Flexion of the lower extremity when the foot receives a painful stimulus.

Mendel-Bekhterev reflex: Plantar flexion of the toes in response to percussion of the dorsum of the foot.

Postural reflex: Any reflex involved in maintaining posture.

Proprioceptive reflex: A reflex initiated by movement of the body to maintain the position of the moved part; any reflex initiated by stimulation of a proprioceptor.

Rossolimo's reflex: Plantar flexion of the second to fifth toes in response to percussion of the plantar surface of the toes.

Stimulation of the feet activates body-wide effects.

Gate control mechanism and hyperstimulation analgesia

Activation of the parasympathetic autonomic nervous system

The body's nature is reflexive and self-regulating.

The therapist can treat areas that are locally contraindicated, can work on specific points on the feet or hands to reinforce the effects of the massage, and can teach clients about self-massage with reflexology.

Reflex Phenomena

Assessment

An area tender to palpation indicates hyperreactive reflex structure.

The opposite is true if an area feels empty, numb, or disconnected.

Treatment processes

Use relaxing and sedating methods for overactive points.

Stimulating methods should be applied to underactive points.

Massage for the Foot

Apply pressure and movement systematically to the entire foot and ankle.

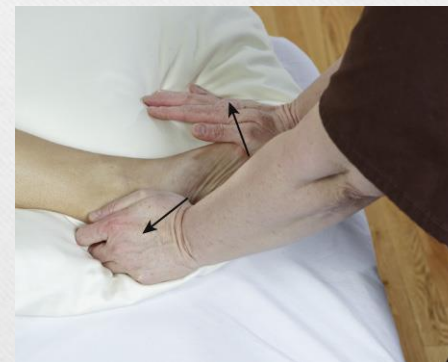
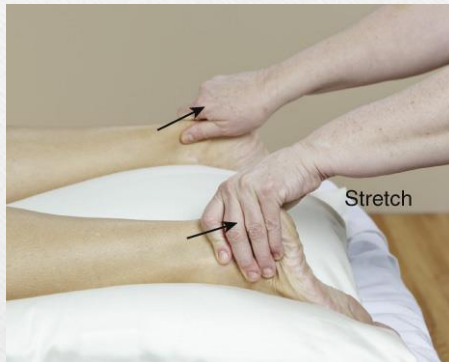
Stimulates nerves, joint mechanoreceptors, circulation and reflexes

Results in a shift in proprioceptive and postural reflexes

Supports parasympathetic dominance

Foot massage is boundary safe.

Massage for the Foot



Massage for the Foot



To Test

Access Code: **ETAC1**

Please write down case sensitive code. You will be asked for it. This course is 6 CE.

Once you have successfully passed the test (70% correct), please email us at cehotschool@gmail.com. We will email you your CE certificate within 7 business days.